## M9 acc 11752

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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TALLAND CONTRACTORION

2022 OCT -5 AH IO: 4

A. BUTLER OCT - 6 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

•

| ACCOUNT NO. : 12000000195   |
|---|
| REFERENCE : 977092 8323182  |
| AUTHORIZATION :   |
| COST LIMIT : \$ 25.00   |
| OPPED DAME Combon 20 2022   |
| ORDER DATE : September 28, 2022   |
| ORDER TIME : 5:04 PM  |
| ORDER NO. : 977092-015  |
| CUSTOMER NO: 8323182  |
| CHANGE OF AGENT  NAME: PRV HOLDCO LLC   |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY XX PLAIN STAMPED COPY |
| CONTACT PERSON: Eyliena Baker  EXAMINER'S INITIALS:                                   |

## **COVER LETTER**

TO:

| TO: Registration Section<br>Division of Corporations   |  |
|--|--|
| SUBJECT: PRV HOLDCO LLC  |  |
|  | Name of Limited Liability Company  |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Re   | gistered Office Change and fee(s) are submitted for filing.  |
| Please return all correspondence co  | oncerning this matter to the following:  |
|  |  |
| Name of F  | rerson   |
|  |  |
| Firm/Com   | pany   |
| Address  |  |
| City/State and   | 7in Code   |
| Chyrotate and  | Z.ip Code  |
| E-mail address: (to be used for  | r future annual report notification)   |
| For further information concerning   | this matter, please call:  |
|  | at ( )   |
| Name of Person   | Area Code & Daytime Telephone Number   |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the  | e following amount:  |
| □ \$25 Filing Fee  | ☐ \$55 Filing Fee & Certified Copy   |
| INHS18 (2/14)  |  |

## \*TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 2. (a)   | 3162 Commodore Plaza  |  |                              | 3162 Commodore Plaza                            |  |  |  |
|--|---|--|------------------------------|---|--|--|--|
| 2, (u)   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  | (0)                          | ***   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |  |  |
|  | Suite E   |  |                              | Suite E   |  |  |  |
|  | Coconut Grove, FL 33133   |  |                              | Coconut   | Grove, FL 33133  |  |  |
|  | 12/11/2019  |  | N                            | <b>i</b> 1900 <b>0</b> 01                       | 1752   |  |  |
| 3.<br>5. (a)   | Date of filing/registration in Florida Wayne Holman   | 4.                                       |                              |   | Document number  |  |  |
| ). (a)   | Registered Agent and Registered Office shown on the records of 3162 Commodore Plaza   | the Flor                                 | ida I                        | Oept. of Sta                                    | te:  |  |  |
|  | Registered Office Address (MUST RE FLORIDA STREET) Suite E  | ADDRI                                    | ESS)                         |   | _  |  |  |
|  | Coconut Grove, F  | 3313                                     | 3                            |   | <del>-</del>   |  |  |
| (b)  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company  | d Office                                 | addı                         | ess:  | 2022 OCT -5  |  |  |
|  | NEW Registered Office Address: 1201 Hays Street   |  |                              | AHIO: 42  |  |  |  |
|  |   |  |                              |   |  |  |  |
|  | Tallahassee , FI  | 3230 <sup>-</sup>                        | 1                            |   | 3 ± 2  |  |  |
| change<br>agent w<br>was/we                                    | mited liability company is not organized under the la<br>or changes are made, the Florida street address of the<br>vill be identical. Or, in the case of a Florida limited li<br>are authorized by an affirmative vote of the members<br>cles of organization or the operating agreement of the | registe<br>ability<br>of the l           | ered<br>con<br>imit          | office an<br>pany, it i<br>ed liabilit          | d the business office of the registered<br>s hereby confirmed that the change(s)<br>by company or as otherwise provided in   |  |  |
| Wendy Holman, Mar  |   |  |                              | nager of GP Ridgeback BT Management LLC (Member |  |  |  |
| Signature of a member or authorized representative of a member |   |  |                              |   | Printed or typed name of signee  |  |  |
| provisio<br>he obli<br>o mere                                  | by accept the appointment as registered agent and ag<br>ons of all statutes relative to the proper and complete<br>igations of my position as registered agent as provide<br>by reflect a change in the registered office address, I<br>I in writing of this change.                            | ree to a<br>perfor<br>d for it<br>hereby | ict ir<br>man<br>i Ch<br>con | this cap<br>ce of my<br>apter 602<br>firm that  | acity. I further agree to comply with the<br>duties, and I am familiar with and accep<br>5, F.S. Or, if this document is being filea<br>the limited liability company has been |  |  |

Signature of Registered Agent