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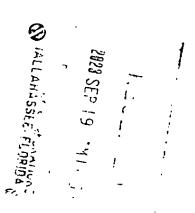
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations						
	121 Change of Corporations					
SUBJ	ECT:	PERSPECTIVE PROJECTS, LLC				
		Name of Limited Liability Company				
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning	g this matter to the following:				
	Name of Person					
	COGENCY GLOBAL IN	C.				
	Firm/Company					
	115 North Calhoun Street, S	Suite 4				
•	Address					
	Tallahassee, FL 3230	1				
City/State and Zip Code						
	dlittwin@dugganbertsch.com					
E-mail address: (to be used for future annual report notification)						
For fu	orther information concerning this ma	tter, please call:				
		at ()				
	Name of Person	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following amount:					
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT 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.

L. Na	une of the limited liability company:	PERSP	PERSPECTIVE PROJECTS, LLC		
2. (a)	5480 MOSS RANCH RD	(b)	5480 MOSS RANCH RD		
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>		
	PINECREST, FL 33156		PINECREST, FL 33156		
	01/27/2022		M22000001343		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	DUGGAN BERTSCH PLLC				
2. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	875 109TH AVENUE N.				
	Registered Office Address (MUST BE FLORIDA STREET	ــــــــــــــــــــــــــــــــــــ			
	Suite 302	1000 P.C.			
	NAPLES , F	L 3410	8		
(b)	Cogency Global Inc.		EP 19 AM		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 115 North Calhoun Street, Suite	PILED 2023 SEP 19 AM 10: 02 SECRETARY OF STANS			
	NEW Registered Office Address:				
	Tallahassee F	0000			
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registere liability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.		
	/S/ James M. Duggan		James M. Duggan		
I here provisi the obl to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statules relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act in t e performance led for in Chap I hereby confi	Printed or typed name of signee this capacity. I further agree to comply with the coff my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed rm that the limited liability company has been		
	/S/ Sean Chase				
Signatu	ire of Registered Agent				