## M22 000004971

(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:
AUG 14 2022

Office Use Only



400387601754

06/07/22--01036--010 \*\*25.00

SECRETARY OF SIGN

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: PNFT 0003 LLC	
Name of Fore	eign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(	(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Natalia Karayaneva	
Name of Person	
Propy Inc	
Firm/Company	
490 Post St Ste 526	
Address	
San Francisco, CA 94102 US	
City/State and Zip Co	ode
m.angelova@propy.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter	er please call:
Natalia Karayaneva	415 359-6266 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 followin  ■\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status  CR2E055 (9/15)	☐ \$55 Filing Fee & ☐ \$60 Filing Fee,

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Flo	orida Department of
State: PNFT 0003 LLC		
Enter new principal office address, if applicable:		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		三 三 三
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		25 C. O. C.
2. The Florida document number of this limited lia	bility company is:N	122000004971
Jurisdiction of its organization:     Delaware		
4. Date authorized to do business in Florida: A	pril 1,2022	
SECTION II (5-9 complete only the applicable of		
5. New name of the limited liability company: (must	t contain "Limited Liabili	ty Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting	
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent and/or the new registered		records, enter the name of the new
Name of New Registered Agent:	<del>_</del> .	
New Registered Office Address:	Enter 1	<sup>V</sup> lorida Street Address
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change	nt and agree to act in this and complete performand ered agent as provided fo	re of my duties, and I am familiar with r in Chapter 605, F.S. Or, if this

liability company has been notified in writing of this change.

<u>"itle/ Capacity Name</u>	<u>Address</u>	Type of Action	
1ember	Propy, Inc	7901 4th St. N STE 300	□Add
		St. Petersburg, FL 33702	■Remo
fember	Gabrielle Channell	9040 Town Center Pkwy.	<b>=</b> Add
		Lakewood Ranch, FL 34202	□Remo
.P	Propy, Inc.	7901 4th St. N STE 300	<b>=</b> Add
	St. Petersburg, FL 33702	□Remo	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remo
			□Add
aforementio		than 90 days old, evidencing the icated by the official having custody of records in the isogenized.	□Remo

Filing Fee: \$25.00