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Division of Corporations

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From:

Account Name : SPI AGENT SOLUTIONS, INC.

Account Number : I20230000143 : (888)314-3998 Phone Fax Number : (518)514-1288

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LLC REGISTERED AGENT CHANGE IPC OWNER, LLC

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K. SALY FEB 2 2 2024

COVER LETTER

TO: Registration Section Division of Corporations	
IPC OWNER, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Jne DiGaetano	
Name of Person	
SPI Agent Solutions, Inc.	
Firm Company	
524 S 2nd St Ste 505	
Address	
Springfield II, 67201	
City/State and Zip Code	
E-mail address: (to be used for future annual repor	t notification]
For further information concerning this matter, please ca	ail:
Joe DiGaetano 51	309-1153
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 following amount	:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
221-2416 (5.14)	

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	ame of the limited liability company:	PC OWNER, LLC					
2. (a)	822 N. ATA HIGHWAY SUITE 310		(b) 822 N. ATA HIGHWAY SUITE 310				
2. (4)	Principal office address of limited Lability company: (Note: MUST BE STREET ADDRESS)				*	mited liability company: POST OFFICE BOX)	
	PONTE VEDRA BEACH, FL 32082			PONTE VEDRA BEACH, FL 32082			
	11:08/2022		_	M2200001	7036		
3.	Date of filing/registration in I UNIVERSAL REGISTERED AGENTS,		4.		Document numb	per	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1317 CALIFORNIA ST.				_	2024 FEB 22	
	TALLAHASSEE	н. <u>-</u> н. <u>-</u>	32304		_	4 FEB 22 LAHASSI	
(b)	SPI AGENT SOLUTIONS, INC.		(T) "'				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				_	PM 3: 44 SEELFLORIDA	
	NEW Registered Office Address:				_		
	1540 GLENWAY DR				_		
	TALLAHASSEE	, FL	32301				
change agent v was/we the arti	imited liability company is not organize or changes are made, the Florida stree will be identical. Or, in the case of a Flore authorized by an affirmative vote of cles of organization or the operating agos. F. Gagaratas.	ed under the laws t address of the r orida limited liab "the members of	egistere pility con the lim imited li	d office and upany, it is ted liability	d the business off s hereby confirm y company or as apany.	fice of the registered cd that the change(s)	
	ture of a member or authorized representative o	l'a member			Printed or typed na	me of signee	
provisi the obl to merc	by accept the appointment as registered and of all statutes relative to the proper igations of my position as registered of the registered of tingeriting of this change. Lindsay Game of Registered Agent	Lagent and agree rand complete p yent as provided fice address, I he ates President	erforma for in C reby co	nce of my o hapter 605 nfirm that i	duties, and Lam f 5, F.S. Or, if this the limited liabili	gree to comply with the familiar with and accept document is being filed ty company has been	