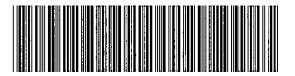
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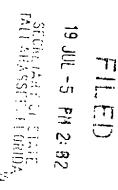
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, , ,					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing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

Office Use Only



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JUL 1721

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PMC Palmetto Bay, Corp.
Name of Corporation
DOCUMENT NUMBER: P10000008413
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Spencer Angel
Name of Contact Person
Firm/Company
11211 SW 152nd street
Address
Miami, Fl 33157
City/State and Zip Code
sangel@ppmcr.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Spencer Angel at 305 255-1355 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	ange is submitted for a corporat	2, 617,0502, 607,1508, or 617,1508, Florida Statute tion organized under the laws of the State of <mark>Forida</mark> t or registered agent, or both, in the <mark>State</mark> of Florida		_
1. The name of	the corporation: PMC Palme	etto Bay, Corp.		
2. The principal	l office address: 11211 SW	152nd Street, Miami, Florida 33157		
zi ine principa.				
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 01/28	/2010 Document number: P10000008	3413	
	d street address of the current reartment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)		
	Spencer Angel			
	80 SW 8th Street, Ste	2000	19 JU	
	Miami, Florida 33130	2000	JUL -5	<u></u>
6. The name an (if changed):	-	stered agent (if changed) and /or registered office		
	Spencer Angel		2: 82	
	11211 SW 152nd Stre	eet		
		O. Box NOT acceptable		
	Miami, Florida 33157			
The street addr	ress of its registered office and I be identical.	the street address of the business office of its regis	itered as	gent,
Such change to authorized by t	as authorized by resolution dul the board, or the corporation ha	y adopted by its board of directors or by an officers been notified in writing of the change.	r so	
Sen		Spencer Angel		
	ure of an officer or director	Printed or typed name and title		
I further agrêe performance o avent. Or, if th	to comply with the provisions of f my duties, and I am familiar which was document is being filed mer	l agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as re ely to reflect a change in the registered office addi notified in writing of this change.	gisterea ress, I	i
fan-		6/26/19		
Sı	gnature of Registered Agent	Date		
If signing on b	ehalf of an entity:			
Spencer A	ngel			
-	Typed or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *