P13000038391

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER.

TO: Amendment Section Division of Corporations		
Productive Leisure Inc SUBJECT: Name of Corporation	•	
DOCUMENT NUMBER:	<u> </u>	
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:	
Stephen Probber		
Name of Contact Person Productive Leisure Inc		
Firm/Company 22393 Swordfish Dr		
Address Boca Raton, FL 33428		
City/State and Zip Code sandtrapsolutions@gmail.com	1	
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p	please call:	
Stephen Probber	at (561)314-8841 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:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	ange is submitted for a corporation organized under the laws of the State of Florida enter this error to change its registered office or registered agent, or both, in the State of Florida.
	Productive Leisure Inc
2. The principal	22393 Swordfish Dr., Boca Raton, FL 33428 I office address:
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 5/1/2013 Document number: P13000038391
5. The name and Florida Depart	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Stephen Probber
	3300 Port Royale Dr N #205
	Fort Lauderdale, FL 33308
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Stephen Probber
	22393 Swordfish Dr
	P.O. Box NOT acceptable Boca Raton, FL 33428
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent.
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
r	Stephen Probber, President
_	ire of an officer or director Printed or typed name and title
I further agree	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. Thereby confirm that the s been notified in writing of this change.
1	The 10/16/2022
Sig	gnature of Registered Agent Date
If signing on be	chalf of an entity:
Т.	'yped 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 * * *