## P22000008528

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: PFP ADVISING CORP.	
Name of Corporation	
DOCUMENT NUMBER: P22000008528	
The enclosed Statement of Change of Registered Office/Ago	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
SHEENA BROCK	
Name of Contact Person	<del></del>
PFP ADVISING CORP.	<del></del>
Firm/Company	RECEIVED
867 CASON CIR	
Address	2022 MAR 21 PM 12: 22
PANAMA CITY, FL 32405	
City/State and Zip Code	SECRETARY STATE
sm.brxck@icloud.com	TALLAMASSEE
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
SHEENA BROCK at	(678 )895-3887 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Street Address:** 

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	mge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida St n organized under the laws of the State of <mark>FL</mark> r registered agent, or both, in the State of Flo	ORIDA	
1. The name of 2. The principal	the corporation:  867 CASON CIR F	CORP.  ANAMA CITY, FL 32405		
3. The mailing a	address (if different):	122000000	520	
4. Date of incor	iling address (if different):  01/26/2022  Document number:			
	I street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on file with resigned)	1 the	
	UNITED STATES CORPORATION	ON AGENTS, INC.		
	5575 S SEMORAN BLVD 36			
	ORLANDO, FL 32822		::	7077 HAR
6. The name and (if changed):		red agent (if changed) and /or registered offic	ce <u>r</u>	
	SHEENA MAE BROCK	,	;; . <u> </u>	
	867 CASON CIR	i ·		
	PANAMA CITY, FL 32405	P.O. Box NOT acceptable		
The street addr	ess of its registered office and the identical.	e street address of the business office of its	register	red agent,
Such change wauthorized by t	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	fficer so	υ
	England	SHEENA MAE BROCK/PRESIDEM	41.	
Signati	ire of the officer or director	Printed or typed name and title	:	
I hereby accept I further agree of my duties, a document is be corporation ha	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	gent and agree to act in this capacity. all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address, I hereby change.	olete per agent. : confiri	rformance Or, if this m that the
	Enthrol	03/15/2022		
Sig	nature of Registered Agent	Date	-	
If signing on be	chalf of an entity:			
	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 \* \* \*