P93000004838

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nai | me) |
| (Do | ocument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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ROCCIARY OF STATE

T. LEMIEUX

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: PE GROUP, TNC. Name of Corporation | | | |
| DOCUMENT NUMBER: 1930000 4838. | | | |
| 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: | | | |
| PEDRO F. LAVIRO/A Name of Contact Person | | | |
| • | | | |
| PE EROUP, INC. Firm/Company | | | |
| | | | |
| 4225 SW: 96 AUR. Address | | | |
| MIAMI, Fl. 33/65 City/State and Zip Code | | | |
| | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| E-mail address: (to be used for future amidal report notification) | | | |
| For further information concerning this matter, please call: | | | |
| PEDRO F. IANIRO/N at (305) 227-6/40 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 | | | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | | | |
| P.O. Box 6327 Clifton Building | | | |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: P5 GRO VP, INC. |
| 2. The principal office address: 4225 SW. 96 AVE. |
| MIAMI, Fl. 33/65 |
| 3. The mailing address (if different): P.O. BOX 65-5006 |
| MAM1, F/- 33265. |
| 4. Date of incorporation/qualification: 12-29-1992 Document number: 1930000 4838 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| PEDRO F. BUIRD A |
| 4225 SW. 96 AVE. |
| MIAMI, F/. 33/65 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| ROBEL GNIRD A |
| 5554 PENTAIL DRC/E. P.O. Box NOT acceptable |
| TAMPA, F/. 33625 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change. |
| Signature of any officer or director Pedro F. Courre b - Resisent Printed or typed name and title |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent Date Date Date |
| If signing on behalf of an entity: |
| Typed or Printed Name |
| * * * FILING FEE: \$35.00 * * * MAKE CHECKS DAVADI E TO ELODIDA DEDADIMENT OF STATE |
| MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12) |