P99000023655

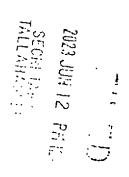
· · · · · · · · · · · · · · · · · · ·	questor's Name)			
(Nec	questors ivante)			
(Address)				
(Address)				
(City	//State/Zip/Phone	= #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Bus	siness Entity Mar	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer.				
J. HORNE				
	_			
AUG - 1 2023				

Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations		
ena n	ECT: PCG PROPERTIES, INC.		
Name	of Corporation		
DOCU	MENT NUMBER: P99000023655		_
The en	closed Statement of Change of Registered Of	Tice/Agent and fee are submitted fo	r filing.
Please	return all correspondence concerning this ma	tter to the following:	
	N FIELDS		
Name	of Contact Person		
Firm/C	Company		
1000 J	ETSTREAM DRIVE		
Addre	ss		
ORLA	NDO, FL 32824		
City/S	tate and Zip Code		
	KFIELDS@PCGINC.ORG		
E-mai	l address: (to be used for future annual re	port notification)	_
For fu	rther information concerning this matter, plea	se call:	
KARE	N FIELDS	at (407) 856-8180 EX Area Code & Daytime Te	Г 247
-	Name of Contact Person	Area Code & Daytime Te	lephone Number
Enclos	sed is a \$35.00 check made payable to the Dep	partment of State.	
	Mailing Address: Amendment Section	Street Address:	
		Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	

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 ch	aange is submitted for a corporation o	7,0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA
		egistered agent, or both, in the State of Florida.
1. The name of	f the corporation: PCG PROPERTIES.	INC.
2. The principa	ol office address: 1000 JETSTREAM D	RIVE, ORLANDO, FL 32824
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 3/8/1999	Document number: P99000023655
5. The name ar Florida Depa	nd street address of the current register artment of State: (If resigned, enter re-	red agent and registered office on file with the signed)
	ROY W. SMITH, JR. (RESIGNED)	
	437 KETNER COVE ROAD	
	MAGGIE VALLEY, NC 28751	
6. The name ar (if changed)	-	agent (if changed) and /or registered office
	THOMAS M. PERLEY	
	1000 JETSTREAM DRIVE	
		O Box NOF acceptable
	ORLANDO, FL 32824	
The street add as changed wi	ress of its registered office and the sll be identical.	treet address of the business office of its registered agent
Such change vauthorized by	was authorized by resolution daily add the board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.
(1/1	1000 pr /4/8	THOMAS M. PERLEY
	ilute of an officer of director	Printed or typed name and title
i nereby accept further agree of my duties, of document is by corporation his	of the appointment as registered agely to comply with the provisions of all and I am familiar with and accept the eing <u>filed mer</u> ely to reflect a charge as been notified in writing of this chy	nt and agree to act in this capacity. I statutes relative to the proper and complete performance obligation of my position as registered agent. 'Or, if th in the registered office address, I hereby confirm that th mge.
	Signature of Registered Agent	6/8/20.23
If signing on t	ochalf of an entity:	
	Typed or Printed Name	
	* * * FILING	G FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

SECRITARY SECRETARY

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