10400028197

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COVER LETTER

-	tion Section of Corporations				
SUBJECT: Po	cas P LLC		h Wes Company		
	Name of Li	mited Lia	bility Company		
Dear Sir or Mada	am;				
The enclosed Re	gistered Agent/Registered Office Cha	nge and fo	ec(s) are submitted for filing.		
Please return all	correspondence concerning this matte	r to the fo	ollowing:		
Jason B. Gille	r, Esq.				
	Name of Person		_		
Jason B. Giller, P.A.					
	Firm/Company		-		
701 Brickell A	ve., Suite 2000				
	Address		_		
Miami Beach, FL 33131					
	City/State and Zip Code		_		
Jascop	ess: (to be used for future annual repo				
E-mail addr	ess: (to be used for future annual repo	ort notific	ation)		
For further inform	nation concerning this matter, please	call:			
Jason Giller	3 at (305	999-1906		
N	Name of Person		Area Code & Daytime Telephone Number		
Registrat Division Clifton B 2661 Exe	C/COURIER ADDRESS: ion Section of Corporations uilding centive Center Circle see, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314		
Enclosed is a check for the following amount:					
□ \$25 Fi	ling Fee	☑ \$55	Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

rioria				
	ame of the limited liability company: Pocas P, LLC 5051 Fisher Island Drive	c/o_lason B_Giller, P.A.		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Miami Beach, FL 33109	701 Brickell Ave., Suite 2000		
		Miami, FL 33131		
	04/13/2004	L04000028197		
3.	Date of filing/registration in Florida	4. Document number		
5 (0)	Aragon Registered Agents, Inc.			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:		
	255 Alhambra Circle, Suite 500	<u> </u>		
Paulistered Office Address (MUST RF FLORIDA STREET ADDRESS)				
	Coral Gables, FI	33134 RETURN OF STATE 1 Office address:		
(b)	Jason B. Giller	T STA		
(-)	Enter name of NEW Registered Agent and/or NEW Registered	1.Office address:		
	Jason B. Giller, P.A.			
	NEW Registered Office Address:			
	701 Brickell Ave., Suite 2000			
	. Miami, FI			
agent	ange or changes are made, the Florida street address o	two of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. Jason B. Giller, Esq.		
Signa	sture of a member or authorized representative of a member	Printed or typed name of signee		
I here provis the ob		ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept ed for in Chapter 603, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been		
Signati	are of Registered Agent			
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00				