## L07000095240

| (Requestor's Name)                      |                |             |  |  |
|---|----------------|-------------|--|--|
| (Ad                                     | dress)         |             |  |  |
| (Ad                                     | dress)         |             |  |  |
| (City/State/Zip/Phone #)                |                |             |  |  |
| PICK-UP                                 | ☐ WAIT         | MAIL        |  |  |
| (Business Entity Name)                  |                |             |  |  |
| (Document Number)                       |                |             |  |  |
| Certified Copies                        | _ Certificates | s of Status |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |
|   |                |             |  |  |
|   |                |             |  |  |
|   |                |             |  |  |

Office Use Only



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D. BRUCE

AUG 17 2012

EXAMINER

## **COVER LETTER**

| TO:   | Registration Section Division of Corporations  |   |           |  |  |
|---|--|---|-----------|--|--|
| SUBJECT: Pasha's SCLA, LLC  Name of Limited Liability Company |  |   |           |  |  |
| Dear  | Sir or Madam:  |   |           |  |  |
| The e   | nclosed Registered Agent/Registered Offic  | ce Change and fee(s) are submitted for filing.  |           |  |  |
| Please  | e return all correspondence concerning this  | s matter to the following:  |           |  |  |
|   | Abigail C. Watts-FitzGerald, Esq. Name of Person   | <u>.                                    </u>  |           |  |  |
| Weis  | s Serota Helfman Pastoriza Cole & Bol<br>Firm/Company  | oniske, P.L<br>≫∽   | , <u></u> |  |  |
|   | 2525 Ponce de Leon Blvd., Suite 70<br>Address  |   |           |  |  |
|   | Coral Gables, FL 33134 City/State and Zip Code   | E CORRE   | UE CIVIE  |  |  |
| E   | awatts-fitzgerald@wsh-law.com  | cation)   |           |  |  |
| For fu  | rther information concerning this matter, p  | please call:  |           |  |  |
|   | Abigail C. Watts-FitzGerald at   | 728-4130<br>Area Code & Daytime Telephone Number  |           |  |  |
|   | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |           |  |  |
|   | Enclosed is a check for the following an   | amount:   |           |  |  |
|   | \$25 Filing Fee  | \$55 Filing Fee & Certified Copy  |           |  |  |

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

| Name of the limited liability company:  | Pasha's SCLA, LLC  |  |  |
|---|--|--|--|
| 2. (a) Principal office address of limited liability compar   | y: 1441 Brickell Avenue  |  |  |
| (Note: MUST BE STREET ADDRESS)  | 4th Floor<br>Miami, FL 33131   |  |  |
| (b) Mailing address of limited liability company:   | 3801 N. Miami Avenue   |  |  |
| (Note: MAY BE POST OFFICE BOX)  | Miami, FL 33127  |  |  |
| 09/18/2007  | L07000095240   |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |  |
| 5. (a) Registered Agent and Registered Office shown on  | the records of the Florida Dept. of State:   |  |  |
| Registered Agent:   | Nicolas Cortes   |  |  |
| Registered Office Address:  | 3801 N. Miami Avenue Miami, FL 33127 异常 5  |  |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  |  |  |  |
| NEW Registered Agent:   | Abigail C. Watts-FitzGerald  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | c/o Weiss Serota Helfman, et al 2525 Ponce de Leon Blvd., Suite 700 Coral Gables ,FL 33134   |  |  |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member |  |  |  |
| ABIGAIL C. WATTS-FITZ GERALD Printed or typed name of signce  | _  |  |  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pc Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company  | agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change. |  |  |

APPROVE FILED

Signature of Registered Agent