## L08000 012 083

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	· #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
	_				

Office Use Only



600337308666

12/02/19--01006--001 ••550.00

2019CD-2 AH 10: 42

R. WHITE

## **COVER LETTER**

Division of Corporations		
PANTHER CAPITAL PARTNER SUBJECT:	RS LLC	
N N	lame of Limited Lia	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the fo	ollowing:
JEFF KRINSKY		
Name of Person		_
PANTHER CAPITAL MANAGEMENT, LLC		
Firm/Company		_
1172 S. Dixie Hwy. Ste. 502		
Address		_
Coral Gables, FL 33146		
City/State and Zip Code		_
JKrinsky@pantherem.com		
E-mail address: (to be used for future a	nnual report notific	cation)
For further information concerning this matte	er, please call:	
Ayax Christopher	305 at (	374-1753
Name of Person	(	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	ng amount:	
<b>■</b> \$25 Filing Fee	<b>□</b> \$55	5 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.

	ame of the limited liability company: PANTHER CAPI	-		
2. (a) <u>-</u>	Principal office address of limited liability company:		b)	Mailing address of limited liability company:
	( <i>Note: MUST BE STREET ADDRESS</i> ) 1172 S. Dixie Hwy. Ste. 502 Coral Gables, FL 33146		1172 S. D	(Note: MAY BE POST OFFICE BOX) Dixie Hwy. Ste. 502 Coral Gables, FL 33146
		<del>-</del>		
	02/04/2008	_	L08000012	2083
	Date of filing/registration in Florida	4.		Document number
. (a)	DANIEL SIRLIN			
. (u)	Registered Agent and Registered Office shown on the records of t	he Flori	la Dept, of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>	_
	333 S MIAMI AVE STE 150			
	Miami, FL	33130		2(
(b)	JEFF KRINSKY	_		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
				פביר. • • • • • • • •
	NEW Registered Office Address:			- <u>-</u> -
	1172 S. Dixie Hwy. Ste. 502		<u> </u>	- - -
	Coral Gables, FL_	33146		_
hange gent v /as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility c f the lii	ed office ar ompany, it i nited liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
-0:		1E	FF KRINSKY	
here rovisi ne obl mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. The Fin whiting of this change.	re to ac perforn for in ereby c	t in this cap jance of my Chapter 60, confirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent			

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00