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

TO: Amendment Section Division of Corporations

SUBJECT: Pasha's Group Inc.

Name of Corporation

DOCUMENT NUMBER: P00000041324

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:

Abigail C. Watts-FitzGerald, Esq.

Name of Contact Person

Weiss Serota Helfman Pastoriza Cole & Boniske, P.L.

Firm/Company

2525 Ponce de Leon Blvd., Suite 700

Address

Coral Gables, FL 33134

City/State and Zip Code

awatts-fitzgerald@wsh-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abigail C. Watts-FitzGerald

,,305

728-4130

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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of change is submitted for a corporation organized under the laws of the State of FLONDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PASHA'S GROUP INC.
2. The principal office address: 3801 N. MIAMI AVENUE
MIAMI, FL 33127
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 4/25/2000 Document number: P00000041324
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)
NICOLAS CORTES
3801 N. MIAMI AVENUE
MIAMI, FL 33127
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Holame C. Vollie Phieselarch
C/O WETSS SEROTA HELEMAN PASTORIZA COLE & BONISKE, P. P.O. BOX NOT acceptable
2525 PONCE DE LEON BLVD, SUITE 700, CORAL GABLES, FL
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, or the corporation has been notified in writing of the change.
Signature of an officer or director Antonio Ellek CEO 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.
N) C/15/12
Signature of Registered Agent Date
If signing on behalf of an entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *