I hereby certify that the information indicated on this report or supplemental report is true and account of the limited liability company or the receiver of that I am a managing member or manager of the limited liability company or the receiver of that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: LUANDA SIANO	MANAGER	03/21/2017

DOCUMENT# L14000120386

Entity Name: PA CONSULT SVCS, LLC

## **Current Principal Place of Business:**

6460 MAIN ST 311 MIAMI LAKES, FL 33014

## **Current Mailing Address:**

6460 MAIN ST 311 MIAMI LAKES, FL 33014 US

## FEI Number: 47-1496582

## Name and Address of Current Registered Agent:

SIANO, LUANDA 6460 MAIN ST 311 MIAMI LAKES, FL 33014 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	LUANDA SIANO		(	03/21/2017	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	AUTHORIZED REPRESENTATIVI	Ξ	
Name	SIANO, LUANDA Y	Name	PEREZ, FRANK		
Address	6510 MAIN ST, SUITE 301	Address	6460 MAIN ST		
City-State-Zip: N	MIAMI LAKES FL 33014		311		
		City-State-Zip:	MIAMI LAKES FL 33014		

SIGNATURE: LUANDA SIANO

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date