2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000060847

Entity Name: PAC MEN 6390 LLC

Current Principal Place of Business:

636 NE LAKE POINTE DRIVE LEE'S SUMMIT, MO 64064

Current Mailing Address:

636 NE LAKE POINTE DRIVE LEE'S SUMMIT, MO 64064 US

FEI Number: 81-2023538

Name and Address of Current Registered Agent:

EXCELSIOR CORPORATE SERVICES LLC 135 SAN LORENZO AVE., PH 840 CORAL GABLES, FL 33146 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 | GEOFFREY M. WAYNE | | | 04/18/2018 |
|-------------------------------|--|-----------------|--------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AMBR | Title | AMBR | |
| Name | DE ANDRADE, FABIO | Name | DE ANDRADE, MAURO | |
| Address | 636 NE LAKE POINTE DRIVE | Address | 636 NE LAKE POINTE DRIVE | |
| City-State-Zip: | LEE'S SUMMIT MO 64064 | City-State-Zip: | LEE'S SUMMIT MO 64064 | |
| Title | AMBR | Title | AMBR | |
| Name | DE ANDRADE, FLAVIO JR | Name | DE ANDRADE, EDUARDO R | |
| Address | 636 NE LAKE POINTE DRIVE | Address | 636 NE LAKE POINTE DRIVE | |
| City-State-Zip: | LEE'S SUMMIT MO 64064 | City-State-Zip: | LEE'S SUMMIT MO 64064 | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FABIO DE ANDRADE

AMBR

04/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 18, 2018 Secretary of State CC8426804915

Certificate of Status Desired: No