

402000003398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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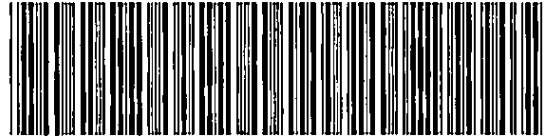
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pallas, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Liandrea Menna  
Name of Person

Pallas, LLC  
Firm/Company

PO Box 4189  
Address

Clearwater, FL 33758  
City/State and Zip Code

lmenna@mdmhotels.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liandrea (Lia) Menna at ( 727 ) 796.0021  
Name of Person 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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**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.*

1. Name of the limited liability company: Pallas, LLC
2. (a) Attn: Liandrea Menna  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
2629 McCormick Dr, Suite 102  
Clearwater, FL 33759
- (b) Attn: Liandrea Menna  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
PO Box 4189  
Clearwater, FL 33758
3. 2/12/2002 Date of filing/registration in Florida
4. L02000003398 Document number

5. (a) Liandrea Menna  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12600 Roosevelt Blvd N

St. Petersburg, FL 33716

- (b) Liandrea Menna

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

2629 McCormick Dr, Suite 102

Clearwater, FL 33759

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 or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Liandrea Menna

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE