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(Re	equestor's Name)	)
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**S Warren** SEP 0 6 2016

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PANNA CAFÉ EXPR	ESS TTC
Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Ligia Palaeco  Name of Person	
Panna Café Express LLC. Firm/Company	
1655 N. Commerce PKWY St. Address	uite #101
Weston, FL, 33376 City/State and Zip Code	
Palacio mypanna. Com /E-mail address. (to be used for future annual report	t notification)
For further information concerning this matter, please ca	<b>11</b> :
Ligia Palaeio at (9  Name of Person	54,8898384
V 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

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

	of the limited liability company:	7					
(a)	of the filmed habitity company	PANNA	CAFÉ	EXPRE	SS LO	<u></u>	
(a)			(b)				
	Principal office address of limited liab (Note: MUST BE STREET AL	DRESS)		(3.71	HE: MARK DI	: 1 (V) 1 L	iability company:
1	1655 N. Commerce	PKWY SW	ite 101	1655 A	1. Com	nerce	PKWY Suis
<del></del>	Ucston, FL 333:	76		Weston	, FL.	33.	326
	09/30/2003		_	L0300	0037	230	
	Date of filing/registration in	Florida	4.	Doo	cument nur	nber	
(a)							
Reg	gistered Agent and Registered Office show	on the records of t	he Florida D	ept. of State:			
À	YAURICIO MENESE	5					
	egistered Office Address (MUST BE FL			<del></del>			
Ē	5722 South Flam	ingo Rd-	#265				
_	5722 South Flam. Cooper City		337	130	- 17 (m)	8	
	200 pa 219	, FL	556		2.5	1 (1) T	i i
(L)	•				ASS ASS	~ (↓ 	graph of markings (1985) of Marson. (8)
(b)	ter name of NEW Registered Agent and/or	NEW Registered	Office addr	<b>288</b> :	- ή-λ Ω-α		m
					RY OF STATE (See, Florid)	U	
					RET A	چة —	
	EW Registered Office Address:	7			A	<u>~</u>	
	1655 N. Commerc	e PKWY	Suit	le 101			
		, FL					
		, FL_	000				
	ted liability company is not organiz						
	e or changes are made, the Florida s be identical. Or, in the case of a Fl						
s/were a	authorized by an affirmative vote o	f the members of	f the limit	ed liability co	mpany or a		
ı // -	s of organization or the operating a	greement of the	immeu na	-	·	-n 1 = C	
gnature of a member or authorized representative of a member			MAURIUO MENESES  Printed or typed name of signee				
	l accept the appointment as registere	d agent and agre	ee to act in	this capacity	. I further	agree t	