L04000009891

(Requestor's Name)
_____

(Address)

_____

(Address)

_____

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____

(Business Entity Name)

_____

(Document Number)

Certified Copies _____   Certificates of Status _____
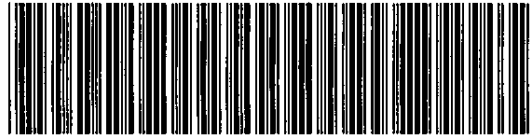
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 16 PH 4: 22

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: _____ **Pasha's Management 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:

____ Abigail C. Watts-FitzGerald, Esq. ____
                Name of 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** ____ at (__305__) ____ **728-4130** ____
        Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:	**MAILING ADDRESS:**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

Enclosed is a check for the following amount:

☑ $25 Filing Fee   ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: _____ Pasha's Management LLC _____

2. (a) Principal office address of limited liability company: _____ 3801 N. Miami Avenue _____

   (*Note: MUST BE STREET ADDRESS*)   Miami, FL 33127

   (b) Mailing address of limited liability company: Same as above

   (*Note: MAY BE POST OFFICE BOX*)

02/24/2004	L04000009891
3. Date of filing/registration in Florida	4. Document number

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

   Registered Agent: Nicolas Cortes

   Registered Office Address: 3801 N. Miami Avenue
   Miami, FL 33127

   (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
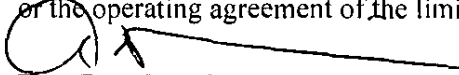
   NEW Registered Agent: Abigail C. Watts-FitzGerald

   NEW Registered Office Address: c/o Weiss Serota Helfman, et al
   (MUST BE FLORIDA STREET ADDRESS)   2525 Ponce de Leon Blvd., Suite 700
   Coral Gables   ,FL 33134

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 of a member or authorized representative of a member

ABIGAIL C. WATTS-FITZGERALD
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 608, 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 of Registered Agent

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

INHS18 (05/08)