

LOS000020105

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffgen MAY 31 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAMELA FARBER, 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:

MICHAEL E. CHAPNICK, ESQ
Name of Person

CHAPNICK Community Assoc. LAW P.A.
Firm/Company

5301 NORTH FEDERAL HIGHWAY, SUITE 250
Address

BOCA RATON FL 33487
City/State and Zip Code

MCHAPNICK@CCALPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Chapnick at (561) 330-3096
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2013

MICHAEL E. CHAPNICK
CHAPNICK COMMUNITY ASSOCIATION LAW, PA
5301 NORTH FEDERAL HIGHWAY, STE. 250
BOCA RATON, FL 33487

SUBJECT: PAMELA FARBER, LLC
Ref. Number: L05000020105

We have received your document for PAMELA FARBER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Noysa Culligan
Regulatory Specialist II

Letter Number: 213A00012181

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: PAMELA FARBER, LLC.
2. (a) Principal office address of limited liability company: 7472 PINEWALK DRIVE SOUTH
MARGATE, FL 33067
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 02/28/2005
4. Document number: LO500002010

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 TALLAHASSEE, FLORIDA

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: MICHAEL E. CHAPNICK, ESQ.
- Registered Office Address: 100 E. LINTON BLVD.
SUITE 502 B
DELCAY BEACH, FL 33483

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: MICHAEL E. CHAPNICK, ESQ.
- NEW Registered Office Address: 5301 NORTH FEDERAL HWY SUITE 250
(MUST BE FLORIDA STREET ADDRESS) BOCA RATON, FL FL 33487

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.

Pamela Farber
 Signature of a member or authorized representative of a member

PAMELA FARBER
 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]
 Signature of Registered Agent

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