

LOG000022840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

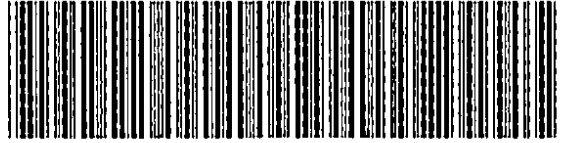
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2019

LAURA L RUSSO
LAURA L. RUSSO, ESQ., LLC
2655 LE JEUNE ROAD, SUITE PH 1-F
CORAL GABLES, FL 33134

SUBJECT: PADHSHA, LLC
Ref. Number: L06000022840

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 019A00004340

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SECRETARY
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PADHSHA, 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:

Laura L. Russo
Name of Person

Laura L. Russo, Esq., LLC
Firm/Company

2655 Le Jeune Road, Suite PH 1-F
Address

Coral Gables, Florida 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

Laura L. Russo at (305) 476-8300
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

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: Padhsha, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

901 SW 37 Ave, #43, Miami, FL 33135

901 SW 37 Ave., #43, Miami, FL 33135

03/02/2006

L06000022840

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:

Ronald G. Baker

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2655 Le Jeune Road, #201

Coral Gables, FL 33134

FILED
19 MAR 11 AM 7:30

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Laura L. Russo

NEW Registered Office Address:

2655 Le Jeune Road, #PH 1-F

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]

Signature of a member or authorized representative of a member

Carlos Sacre

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