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R. WHITE

JAN 11 2020

COVER LETTER

TO:		stration Section sion of Corporations							
SUBJI	ECT:	PANTHER MANAGEMENT SE	ERVICES, LLC						
		Name of Limited Liability Company							
Dear S	ir or N	⁄ladam:							
The en	closed	Registered Agent/Registered (Office Change and t	fee(s) are submitted for filing.					
Please	return	all correspondence concerning	this matter to the fo	ollowing:					
JEFF K	(RINS	KY							
		Name of Person		_					
PANTI	HER C	APITAL MANAGEMENT, LLC							
		Firm/Company		_					
1172 S	. Dixie	Hwy. Ste. 502							
		Address		_					
Coral C	Gables,	FL 33146							
		City/State and Zip Cod	e	-					
JKrins	ky@pa	nthercm.com							
Ē	-mail	address: (to be used for future	annual report notific	cation)					
For fur	ther in	nformation concerning this mat	ter, please call:						
Ayax C	Christo	pher	305 at (374-1753					
		Name of Person		Area Code & Daytime Telephone Number					
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Encl	osed is a check for the follow	ing amount:						
	■ \$3	25 Filing Fee	□ \$5.	5 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.

	ame of the limited liability company: PANTHER MAN					. <u> </u>	•
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(N	Aailing address of lim	ited liability OST OFFIC	company: E BOX)
	1172 S. Dixie Hwy. Ste. 502 Coral Gables Fl 33146	_	-	1172 S. Dix	xie Hwy. Ste. 502 C	Toral Gable	s FI 33146
	01/18/2007	_	1	.070000069	949		
3. 5. (a)		4.			Document numbe	r	
	Registered Agent and Registered Office shown on the records of			Pept, of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 333 S MIAMI AVE STE 150	<u>IDDKE:</u>	<u> </u>				
	Miami , FL	33130			•		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW Registered Office Address: 1172 S. Dixie Hwy. Ste. 502	Office a	ddı	ess:		2919 EEC - 2 M	·
				<u>-</u> _		. <u></u>	- V
	Coral Gables , FL	33146				56	
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe bility of f the li:	red on mit	office and pany, it is ed liability	I the business office hereby confirmed to company or as o	ce of the r	egistered change(s)
Sinna	tute of a member or authorized representative of a member	JE —	FF	KRINSKY	Deline I and Committee		
I here provisi the obi to mer notified	by accept the appointment as registered agent and agrious of all statutes relative to the proper and complete ligations of his position as registered agent as provided by reflectia change in the registered office address, I have a registered office address, I have a registered office address, I have a registered office address.	oerforn	7/77	n this capae	bities, and Lam Ta	ree to com milior wit	b and accent

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