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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: PARK LA (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
RAY WINDSU (Name of Person)	R
(Firm/Company)	
240 Jones Wing (Address)	O AVE
(Address) (City/State and Zip Code)	
For further information concerning this matter, p	please call:
(Name of Person) at	(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 a	mount:
\$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 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. The name of the limited liability company is:

PACK CANE LLC.

1. The name of the limit	ed liability company is:	PARK CAN	E	LLC	
2. The mailing address of	of the limited liability comp	oany is: 240 7	Daco	turon.	AVE
Pennone	DON, FL 3	3324		·	
	12007	Lo	700	000/8	437
3. Date of filing/registra		4. Document nu	mber		
5. The name of the regist Florida Department of	1201 H	ed office address as shown FOON ERVICE ame A 45 5 T dress VASSEE , FL ite and Zip	- -	m PAN	
6. The name and address	of the new registered agen	t and/or office:			0
	240 TORCAL	MININDSOR	-	- NON 20	SECRETA VISION OF

Name
Name
Plorida street address (P.O. Box NOT acceptable)

FL 33324

City, State and Zip

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)

(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 Agont)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00