080002259

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	·
Certified Copies	. Certificate	s of Status
Special Instructions to Filing Officer:		
		-

Office Use Only

G. MCLEOD

JUN 19 2012

EXAMINER



300235549643

06/04/12--01047--012 **35.00

√5

12 JUN 18 PM 3: 36
SEGRETARY OF STATE
AND A MASSEF. FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PONCI MS TOWAY - Name of Limited Liability C	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:		
Carlos Centurion			
Ponce Pestur and LLC			
2500 Ponce De leon 15/1/1			
City/State and Zip Code 33174			
CONTUNION @ DOY FINY ESTAUVANT. WWN E-mail address: (to be used for flyture annual report notification)			
For further information concerning this matter, please call:			
Parlos Centrión at (305) 797-3002			
Name of Person Area	Code & Daytime Telephone Number		
	NG ADDRESS: tion Section		
Division of Corporations Division	of Corporations		
Clifton Building P.O. Boz 2661 Executive Center Circle Tallahas Tallahassee, Florida 32301	c 6327 see, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee \$55 Fi	ling 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. DNO 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 22099 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 4 MUSINO PA Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 I hereby accept the appointment as registered agent and agree to act in this capacity. Airther agree to comply with the provisions of all statutes relative to the proper and complete performance of nivaluties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or lift 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