L08000025933

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALLAHASSEE, FI ORIGINA

COVER LETTEŔ

TO: Registration Section Division of Corporations		
SUBJECT: PRONTO CASH HOLDINGS LLC Name of Limited Liability Company		
Dear Sir or Madam:	Series (Learner)	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	<u></u>	
Please return all correspondence concerning this matter to the following:	5. E. Hd	
7 Hom As WENRICH Name of Person	Ŕ,	
PRONTO CASH HOLDINGS LLC Firm/Company		
2901 FLORIDA AVENUE		
COCONUT GROVE, FL 33133 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Thomas WENRICH at (305) 978-6372 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 & Certified Copy		

INHS18 (5/08)

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.

Name of the limited liability company:	PRONTO CASA HOLDINGS
2. (a) Principal office address of limited liability comp	oany:
(Note: MUST BE STREET ADDRESS)	2901 FLORIDA AUENUR
	M: AMi, FL 33133
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	2901 FLOZIDA AVENUE
	MiAMi, F- 33133
	L08000025933
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	
Registered Agent:	7 HOMAS WENRICH 2980 Mc Farlane Rd-212
Registered Office Address:	2980 Mc Farlane Rd-212
Registered Office Address: OLD ADDLES	MiAMI, FL 33133
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2901 FLORIDA AUENUE COCOPUTGROVE, FL 33133
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be is liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company of a member of a me	the laws of the State of Florida, it is hereby he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.
address, I hereby confirm that the limited liability com	pany has been notified in writing of this change.
Signature of Registered Agent	*

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