L08/11/1035964

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	·
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SECRETARY OF STATE
AND AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GUAVA REMAL Name of Limited I	WAREHOUSE 11	(LC	
Name of Limited 1	лаоппу Сопрану	ر کے ایک	
Dear Sir or Madam:		A OCY 29	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted	for filing. 3	
Please return all correspondence concerning this mat-	ter to the following:	Contract of the contract of th	
CARL BRANTLET JR Name of Person		OP	
Firm/Company			
436 QUAY ASSIST			
NEW SMTK-A BEACH, FL 3 City/State and Zip Code	2169	·	
E-mail address: (to be used for future annual report notification)	,		
For further information concerning this matter, please call:			
Mame of Person at (Area Code & Daytime Telephor	e 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 amou	nt:		
25 Filing Fee	\$55 Filing Fee & Certified	Conv	

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.

ngon, ar our, ar the state by I to that.	
1. Name of the limited liability company:	PENTAL LAREHOUSE ! L
2. (a) Principal office address of limited liability compan	y: 436 QUAT 2/55/51
(Note: MUST BE STREET ADDRESS)	NEW SMYRNA BEACK FOR
(b) Mailing address of limited liability company:	SAME AS ABOUTE
(Note: MAY BE POST OFFICE BOX)	
4/9/2008	20800035968
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:
Registered Agent:	CARL BRANCET JR
Registered Office Address:	SO DCEAN FRONT AR KGT CARGO FL 33037
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	W Registered Office address:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	436 QUAT ASSISI MEN FMYRNA BEARY. FL 32169
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote transparent provided in the articles of organization.
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to maderes, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy 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