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(Re	equestor's Name)			
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SECRETARY OF STATE
ALLAHASSEE, FLORIO

AND FILED



COVER LETTER

1,1

TO:	Registration Section Division of Corporations			
SUBJE	PINABOTA, LLC			
20202		ne of Limited L	iability Company	
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Off	fice Change and	I fee(s) are submitted for filing.	
Please 1	return all correspondence concerning th	is matter to the	following:	
DAVIE	D NOSNIK, CPA			
	Name of Person		_	
DAVID	NOSNIK CPA PLLC			
	Firm/Company		_	
PO BO	OX 702986			
	Address			
DALL	AS, TX 75370			
	City/State and Zip Code		_	
dnosn	ik@davidnosnikcpa.com			
E-	-mail address: (to be used for future and	nual report noti	fication)	
For furt	ther information concerning this matter	, please call:		
DAVIE	NOSNIK, CPA	972 at (332-1905	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:	
	Registration Section	Registration Section		
	Division of Corporations		Division of Corporations	
	Clifton Building	P.O. Box 6327		
•	2661 Executive Center Circle Tallahassee, Florida 32301	Ta	allahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	2 \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy	
INHS18	3 (2/14)			

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.

1. N	ame of the limited liability company: PINABOTA,	LLC				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
	5615 STONE CLIFF COURT	615 STONE CLIFF COURT 5615 ST				
	DALLAS, TX 75287		ALLAS, TX 75287			
	06/17/2010	LO	000064801			
3.	Date of filing/registration in Florida	— _{4.} —	Document number			
5. (a))					
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State:			
	ROZENCWAIG & NADEL, LLP					
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)				
	301 W. HALLNDALE BEACH BLVD.			甘		
	HALLANDALE BEACH, I	_{FL} 33009		FILE 15 MAR -9 SECRETARY FALLAHASSE		
				FIL TAR TAR		
(b)	Enter name of NEW Registered Agent and/or NEW Register	nd Office addre		FILEU -9 AMI -9 AMI TARY OF		
	Enter hame of NEW REBRIEFES Agent and/or NEW REPROF	en Onice acore	<u>m</u> .			
	JOSE TABACINIC			. OR : 3:		
	NEW Registered Office Address:		 _	F STATE FLORIDA		
	2600 ISLAND BLVD. APT # 1005					
	AVENTURA	FL_33160				
the cha agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited rere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	laws of the St of the register liability comp s of the limite he limited liab	red office and the business of pany, it is hereby confirmed to d liability company or as oth	ffice of the registered that the change(s) erwise provided in		
_	ature of a member or authorized representative of a member		Printed or typed name	=		
I here provis the ob to mer notifie	eby accept the appointment as registered agent and a cions of all statutes relative to the proper and completing attentions of my position as registered agent as provided in writing of this change. Multur and Ulule	igree to act in te performand ded for in Cha I hereby conf	this capacity. I further agre re of my duties, and I am fam apter 605, F.S. Or, if this do irm that the limited liability o	e to comply with the iliar with and accept cument is being filed company has been		
Signati	urd of Registered Agent					

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