

# L10000117868

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

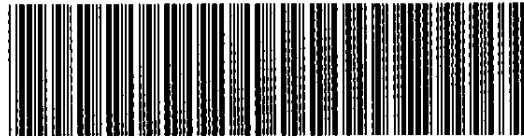
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800209364098

07/01/11--01017--001    \*\*25.00

FILED  
2011 JUL -1 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUL - 5 2011  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAMPA PROPERTIES, LLC  
Name of Limited Liability 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:

CONCETTA R LUPARDO

Name of Person

CONCETTA R LUPARDO CPA PA

Firm/Company

2263 NW 2ND AVENUE SUITE 205

Address

BOCA RATON, FL 33431

City/State and Zip Code

CONCETTA@LUPARDOCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONCETTA R LUPARDO

Name of Person

at ( 954 )

692-1350

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

☐ \$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. Name of the limited liability company: PAMPA PROPERTIES, LLC

2. (a) Principal office address of limited liability company: PAMPA PROPERTIES, LLC

(Note: MUST BE STREET ADDRESS)

2263 NW 2ND AVENUE, SUITE 205  
BOCA RATON, FL 33431

(b) Mailing address of limited liability company: PAMPA PROPERTIES, LLC

(Note: MAY BE POST OFFICE BOX)

PO BOX 7567  
DELRAY BEACH, FL 33482

11/12/2010  
3. Date of filing/registration in Florida

L10000117868  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

BIGNOLI, PEDRO M

Registered Office Address:

9 SW 13TH STREET  
FT LAUDERDALE, FL 33306

(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)

2263 NW 2ND AVENUE  
SUITE 205  
BOCA RATON, FL 33431

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.

PMB Macos Bignoli  
Signature of a member or authorized representative of a member

PEDRO M BIGNOLI

Printed or typed name of signer

*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 affirm that the limited liability company has been notified in writing of this change.*

PMB Macos Bignoli  
Signature of Registered Agent

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