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J. BRYAN
OCT 26 2012
EXAMINER

COVER LETTER

, , ,
TO: Registration Section Division of Corporations
SUBJECT: PENTECH America 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:
EBRahin Ghantono Name of Person
Hhantons Law Office Firm/Company
420 S Disce Highway 2c Address
Coral Aable PC 33/46 City/State and Zip Code
Hantons Law & ADC. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ZBRalim Shartons at (305) 442 7/77 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 \$25 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. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered	
1. Name of the limited liability company: Turle ! [America UC	
2. (a) Principal office address of limited liability compan	y: 220 ALHamBra Circle Sk 610	
(Note: MUST BE STREET ADDRESS)	Coral Hables FC 33134	
(b) Mailing address of limited liability company:	220 ALHAMBRA CIRCLE	
(Note: MAY BE POST OFFICE BOX)	Coral Musles. FC 33/34	
2/17/2011 3. Date of filing/registration in Florida	4. Document number 75 6	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
Registered Agent:	EUBABETH AYOUR SOO 3	
Registered Office Address:	3155 NW 82 Ave. 33/22 US &	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	SAME	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	220 ACHAMBRA CUELE Steb10 CORAL CABLES FL33134	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other 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 ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization	
EUZABETH AYMB Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my I Chapter 608, F.S. Or, if this document is being filed to n address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office in has been notified in writing of this change.	

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