(Requestor's Name)	037572
(Address)	400201995234
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	04/18/1101022014 **55.00
Certified Copies Certificates of Status	FILED DIVISION OF CORPORATIONS 11 APR 18 PH 12: 19
Office Use Only	T. HAMPTON APR 10 2011 EXAMINED

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TO: Registration Section Division of Corporations

SUBJECT: _____ PBAG FINACIAL SERVICES 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:

MICHAEL KOMLO

Name of Person

GOLDEN GOOSE ENTERPRISES LLC

Firm/Company

11691 S SEA CT

Address

WELLINGTON, FL 33449

City/State and Zip Code

JKOMLO@GMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL KOMLO

Name of Person

614-7497

954

at (

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:



\$55 Filing Fee & Certified Copy

BOTH FOR LIMITED LIABILITY COMPANY		
Pursuant to the provisions of sections 608.416 or 608.2 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:PBA	G FINANCIAL SERVICES LLC	
2. (a) Principal office address of limited liability compan	y: 2720 OKEECHOBEE BLVD	
(<u>Note: MUST BE STREET ADDRESS</u>)	WEST PALM BCH, EL 33409	
(b) Mailing address of limited liability company:	11691 S SEA CT	
(Note: MAY BE POST OFFICE BOX)	WELLINGTON, FL 33449	
03/29/2011 3. Date of filing/registration in Florida	L11000037577 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	THOMASEVICH, ELIAS W JR.	
. Registered Office Address:	11201 LAUREL WALK RD WELLINGTON, FL 33449	
 (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>: 		
NEW Registered Agent:	GOLDEN GOOSE ENTERPRISES LLC	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11691 S SEA CT WELLINGTON ,FL 33449	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the l and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement 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 Mike Komes 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 provisions of all statutes relative to the provisions of my printer 508, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company	Florida street address of the registered other ntical. Or, in the case of a Florida limited is s) was/were authorized by an affirmative tote erwise provided in the articles of organization y.	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

Signature of Hegistered Agent

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

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