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| (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: | | | | |
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Office Use Only



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COVER LETTER

TO:

INHS18 (2/14)

| FO: Registration Section Division of Corporations | • |
|--|--|
| PAS HOLDINGS OF BROWARD, I | LC |
| | e of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Offi | ce Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | s matter to the following: |
| Damaso W. Saavedra | |
| Name of Person | |
| Saavedra-Goodwin | |
| Firm/Company | |
| 888 S.E 3rd Avenue, Suite 500 | |
| Address | |
| Fort Lauderdale, Florida 33316 | |
| City/State and Zip Code | |
| dpazo@saavlaw.com | |
| E-mail address: (to be used for future annual | ual report notification) |
| For further information concerning this matter, | please call: |
| Deanna Pazo | 954 767-6333 at () |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| 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 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. Na | ame of the limited liability company: PAS HOLDING | GS OF BI | ROWARD, L | .LC | |
|---|--|---|--|---|--|
| 2. (a) | | | (b) | | |
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | 312 S.E. 17th Street, Second Floor | | 312 S.E. | 17th Street, Second Floor | |
| | FORT LAUDERDALE, FL 33316 | <u> </u> | FORT L | AUDERDALE, FL 33316 | |
| | 05/18/2011 | | L1100005 | 58915 | |
| S . | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | | . C.L. 171 | 3 la Dani - 60 | | |
| | Registered Agent and Registered Office shown on the records of | of the Flor | nda Dept. of S | tate: | |
| | Registered Office Address (MUST BE FLORIDA STREET 312 S.E. 17TH STREET SECOND FLOOR | T ADDRI | <u>:SS)</u> | 202 | |
| | Fort Lauderdale | FI 33316 | | [] [] [] | |
| (b) | Saavedra, Damaso W, Esq | | | FILED MANG 27 AM 9: MANG 27 AM 9: | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | ed Office | address: | 10 TE | |
| | NEW Registered Office Address: | | | _ | |
| | 888 SE 3rd Avenue, Suite 500 | _ | | | |
| | Fort Lauderdale | 33316 | ; • | | |
| change igent v was/we he art: Signa | imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of a fantation or the operating agreement of the street and another in the proper and completely accept the appointment as registered agent and a completely accept the appointment as registered agent as provided in writing of the proper in the registered office address, din writing of the proper. | he regist liability s of the l ne limite | ered office a company, is imited liability of liability o | and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Printed or typed name of signce appacity. I further agree to comply with the | |

Signature of Registered Agent