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R. WHITE JAN 1 1 2020



COVER LETTER

TO: Registration Section Division of Corporations

.....

PCM PARTNERS, LLC

SUBJECT:

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:

JEFF KRINSKY

Name of Person

PANTHER CAPITAL MANAGEMENT, LLC

Firm/Company

1172 S. Dixie Hwy, Ste. 502

Address

Coral Gables, FL 33146

City/State and Zip Code

JKrinsky@panthercm.com

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

For further information concerning this matter, please call:

Ayax Christopher	305 374-1753 at ()
Name of Person	Arca Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 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.

. Na	me of the limited liability company:	5. LLC				
l. (a)			(h)	<u> </u>		
(2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)_	Mailing addres	ss of limited liability cor <u>Y BE POST OFFICE B</u>	npany:
	1172 S. Dixie Hwy. Ste. 502 Coral Gables. FL 33146	_	-	172 S. Dixie Hwy. Ste	. 502 Coral Gables, F	1. 33146
	06/18/2012		– L	12000080267		
	Date of filing/registration in Florida	- 4.		Document r	number	
. (a)	PANTHER MANAGEMENT SERVICES, LLC					
. (a)	Registered Agent and Registered Office shown on the records of t	he Flori	da De	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>55)</u>			
	333 S MIAMI AVE STE 150				2019 0	
	Miami . FL	33130			Ū.	•
					I	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				۲V	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddre	<u>(85</u>)		٤
					ب ا بۇ	المحد:
	NEW Registered Office Address:				8 1	
	1172 S. Dixie Hwy, Ste. 502					
	Coral Gables, FL	33146				
hange gent v vas/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o cles of organization or the operating agreement of the l	registe bility c f the lin limited	red o omp nite liab	office and the busine any, it is hereby con d liability company o	ss office of the regis dirmed that the chai	stered
Signat	ure of a member of authorized representative of a member				oed name of signee	
- Eherel	by accept the appointment as registered agent and agree ons of all spatiales relative to the proper and complete p igations of any position as registered agent as provide by reflect achange in the registered office address, I h in writing of the change.	e to ac perforn for in ereby c	t in nanc Cha confi	this conacity -1 furth	her agree to comply	with the nd accept ring filed s been
Signatu	re of Registered Agent					
	Division of Corporations• P.O. B	lox 632	27•	Tallahassee, FL 323	314	

FILING FEE: \$25.00

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