

L12000148704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

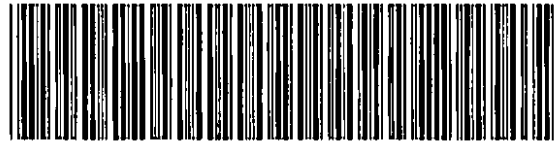
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100356525191

12/15/20--01018--010 \*\*25.00

JAN 29 2021

S. YOUNG

2020 DEC 15 PM 6:35

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAGNE L.L.C.

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:

Elizabeth Yelin

Name of Person

PAGNE L.L.C.

Firm/Company

250 NE 47 th

Address

Miami, FL 33137

City/State and Zip Code

pagneinc@gmail.com

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

For further information concerning this matter, please call:

Elizabeth Yelin

Name of Person

at ( 305 ) 9844445

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 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. Name of the limited liability company: PAGNE L.L.C.
2. (a) 12154 Miramar Pkwy  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Miramar, FL 33154
- (b) 7901 4TH ST N  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
SUITE 300  
ST PETERSBURG FL 33702
3. 11/20/2012  
Date of filing/registration in Florida
4. L12000148704  
Document number
5. (a) ELIZABETH YELIN  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
9480 NE 2ND AVE  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)  
MIAMI SHORES, FL 33138
- (b) Registered Agents Inc.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
7901 4th St N  
**NEW** Registered Office Address:  
STE 300  
St. Petersburg, FL 33702

2020 DEC 15 PM 6:35  
FILED

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.

[Signature]  
Signature of a member or authorized representative of a member

Elizabeth Yelin

Printed or typed name of signee

*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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature] Bill Havre - Assistant Secretary  
Signature of Registered Agent