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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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R. WHITE | JAN 11 2020

COVER LETTER

Division of Corporations	
DONUTS PCM I, ELC SUBJECT:	
	f 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 m	atter 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, plea	ase call:
Ayax Christopher	305 374-1753
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 amo	ount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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	me of the limited liability company: DONUTS PCM	I, LLC				
2.				(b)			
	` ' '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE POS	ed liability compa	my:
		1172 S. Dixie Hwy. Ste. 502 Coral Gables, FL 33146		1172 S. Dixie Hwy. Ste. 502 Coral Gables, FL 33146			
				-			
		02/19/2013		I.	L13000025964		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	PANTHER MANAGEMENT SERVICES, LLC					
	(4)	Registered Agent and Registered Office shown on the records of	of the Florid	da D	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				20	
		333 S MIAMI AVE STE 150				2019 E	•
		Miami, F	L 33130			-2	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ıddr	ress:	AH 10: 21	ز "
		NEW Registered Office Address:			*		
		1172 S. Dixie Hwy. Ste. 502					
		Coral Gables F	L				
cha age wa:	inge int w s/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability confithe lin e limited	red om mite lia	office and the business office pany, it is hereby confirmed ed liability company or as oth	e of the registe that the change	red e(s)
Signature of a member or authorized representative of a member				Printed or typed name of signee			
pro the to r not	visio obli nere ifiea	by accept the appointment as registered agent and agents of all datues relative to the proper and complete gations of my position as registered agent as providity reflect a change in the registered office address. It in writing of this change.	pee to ac e perforn ed for in ' hereby c	et in nan Ch con,	n this canacity. I further agre	e to comple w	ith the accept g filed been
aig	natur /	e of Registered Weent					

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