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(Rec	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone #)	,
PICK-UP	☐ WAIT	MAIL
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R. WHITE

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CO/LAB/ORATE HOLDINGS, L	LC		
Name of Limited Liability Company				
Dear Si	r or Madam:			
The enc	losed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning	this matter to the	following:	
JEFF KI	RINSKY			
	Name of Person		_	
PANTH	ER CAPITAL MANAGEMENT, LLC			
	Firm/Company			
1172 S.	Dixie Hwy. Ste. 502			
	Address			
Coral G	ables. FL 33146			
	City/State and Zip Code			
JKrinsk;	y@pantherem.com			
E-	mail address: (to be used for future a	nnual report notif	ication)	
For furt	her information concerning this matte	er, please call:		
Ayax C	hristopher	305 at (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	ng amount:		
	■ \$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.

	me of the limited liability company: CO/LAB/ORA		TC.
2. (a)			
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	333 S MIAMI AVE STE 150 MIAMI, FL 33130	333 5	S MIAMI AVE STE 150 MIAMI, FL 33130
	02/19/2013	L1300	00025967
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	PANTHER MANAGEMENT SERVICES, LLC		
(-,	Registered Agent and Registered Office shown on the records	of the Florida Dept. c	of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	333 S MIAMI AVE STE 150		
	Miami	FL 33130	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	2019 F
	NEW Registered Office Address;		., .,
	1172 S. Dixie Hwy. Ste. 502		
			_ <u>-</u> -
	Coral Gables	FL	/** IO: 09
	imited liability company is not organized under the		