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To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC REGISTERED AGENT CHANGE PISCO Y NAZCA DORAL, LLC

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PISCO Y NAZCA DORAL, LLC
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:
Mary Castillo
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, TX 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo 888 705-7274
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Till be an Clarific 23301
Tallahassee, Florida 32301 Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

🗆 \$25 Filing Fee

15129570210

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. N	ame of the limited liability company: PISCO Y	NAZC.	A DOR	AL, LLC	<u>-</u>
2. (a)	8899 NW 18TH TER	(b)	1 ee88	W 18TH	TER
- , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	М	•	limited liability company.
	SUITE 200		SUITE		
	DORAL, FL 33172		DORA	L, FL 331	72
	6/2/2014		L14000	088081	
3.	Date of filing/registration in Florida	4.	į	Document nun	nber
5. (a)	INCORP SERVICES, INC.				
	Registered Agent and Registered Office shown on the records of 17888 67TH COURT NORTH			:	
	Registered Office Address (MUST BE FLORIDA STREET	<u>"ADDRESS)</u>			
	LOXAHATCHEE	L 33470)		
(b)	Registered Agent Solutions, Inc.				2022 AUG Segreta Tallahah
,	Enter name of NEW Registered Agent and/or NEW Registers	d Office add	ress:		SETAS
	155 Office Plaza Dr.				FILED FILED SSEE SSEE
	NEW Registered Office Address:				AH II:
	Suite A				7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

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.

/s/ MILCIADES V PACH/

MILCIADES V PACHAS Authorized Signer

Signature of a member or authorized representative of a member

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 of Registered Agent

Mackenzie Hart, Asst. Secretary