- UMADOONGY

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIC

APR 24 2017 S. YOUNG

TALLEAHASSEE, ELORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2016

LEONARD C ATKINS,IV DEVINE GOODMAN RASCO & WATTS-FITZGERALD 2800 PONCE DE LEON BLVD STE 1400 CORAL GABLES, FL 33134

SUBJECT: PANTHER COFFEE COCONUT GROVE LLC

Ref. Number: L14000101764

We have received your document for PANTHER COFFEE COCONUT GROVE LLC and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 516A00005616

10 MAR 16 PM 12: 51

COVER LETTER

	tion Section of Corporations					
SUBJECT:	NTHER COFFEE COCC	NUT	GROV	E, LLC		
SCHOLECT.	Nan	ne of Li	mited L	iability Company		
Dear Sir or Mada	am:					
The enclosed Re	gistered Agent/Registered Off	ice Cha	inge and	fee(s) are submitted for f	filing.	
Please return all	correspondence concerning th	is matte	er to the	following:		
Leonard C. At	tkins, IV					
· · · · · · · · · · · · · · · · · · ·	Name of Person				**************************************	
Ballaga & Fre	edman, LLP				ALLAI	2017 APR
	Firm/Company				LAHASSI	ਔ .
396 Alhambra	Circle, Suite 204					TO (
	Address				FLORIDA	ម : +:
Coral Gables,	FL 33134				7.	G)
	City/State and Zip Code					N S
lane@ballaga	freedman.com					TA CAR
E-mail addı	ress: (to be used for future ann	ual rep	ort notif	ication)		MAR 16
For further inform	nation concerning this matter,	please	call:			PHIC:
Leonard C. At	kins, IV	at (305	747-7550		
1	Name of Person	ai (_		Area Code & Daytime	Telephone Nu	mber 💆 😅
Registrat Division Clifton B 2661 Exe	T/COURIER ADDRESS: cion Section of Corporations Building ecutive Center Circle see, Florida 32301		Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314		
Enclosed	d is a check for the following	amou	nt:			
□ \$25 Fi	iling Fee		□ \$:	55 Filing Fee & Certified	Сору	

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.

l. Na	me of the limited liability company:	PANTHER CC	OFFEE	COCON	NUT GROVE, LLC			
					NW 2ND AVE			
. (4)	Principal office address of limited liab (Note: MUST BE STREET Al		_ (· / 	Mailing address of limited (Note: MAY BE POST)			
	COCONUT GROVE, FL 3313	3	·-	MIAMI	FL 33127			
	06/25/2014		_	L14000	101764			
i.	Date of filing/registration in	Florida	4.		Document number			
5. (a)	POLLOCK, JOEL T							
. (4)	Registered Agent and Registered Office show	n on the records of th	ne Florid	a Dept. of Sta	ate:			
	2390 NW 2ND AVE				<u></u>			
	Registered Office Address (MUST BE FL	ORIDA STREET A	DDRES:	<u>5)</u>				
					_	F	FALT	
	MIAMI	, FL	33127			-	圣器	
(b)	LEONARD C. ATKINS, IV				_	MAR 16 F	ASSEE ASSEE	
	Enter name of <u>NEW Registered Agent</u> and/o	т <u>NEW Registered (</u>	Office ad	<u>dress</u> :		発い	ار بال	
	396 ALHAMBRA CIRCLE					九 元		
	NEW Registered Office Address:					+	7-	
	SUITE 204				_			
	CORAL GABLES	, FL '	33134		_			
he cha gent w vas/we he artic	mited liability company is not organize or changes are made, the Florida solid be identical. Or, in the case of a Fore authorized by an affirmative vote of the organization or the operating a	street address of t lorida limited lial of the members of greement of the l	the regi bility co the lin imited	stered offic ompany, it nited liabil	ce and the business offi is hereby confirmed the ity company or as other impany. DLLOCK	ice of the rat the chan	egistered ige(s)	
-	ure of a member or authorized representative of		,		Printed or typed name of	-		
provisio he obli o mere	by accept the appointment as registere ons of all statutes relative to the prope igations of my position as registered a ly reflect a change in the registered of I in writing of this change.	d agent and agre er and complete p gent as provided ffice address, I h	e to ac perform! för in (ereby c	t in this ca ance of my Chapter 60 onfirm tha	pacity. I further agree duties, and I am famil:)5, F.S. Or, if this docu at the limited liability co	to comply iar with ar iment is be impany ha.	with the nd accep ing filed s been	

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

Signature of Registered Agent