

L14 000132761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

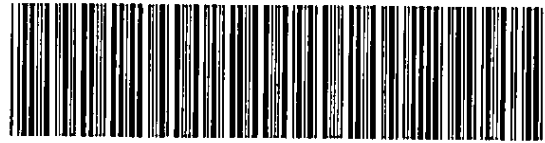
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL  
2020 SEP 14 AM 9:50

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**COVER LETTER**

**TO:** Registration Section  
 Division of Corporations

**SUBJECT:** pasadena Acceptance Finance 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:

Michael Kaplanis

\_\_\_\_\_  
 Name of Person

Platinum Auto Finance

\_\_\_\_\_  
 Firm/Company

25 N. Main Avenue

\_\_\_\_\_  
 Address

Clearwater, FL 33765

\_\_\_\_\_  
 City/State and Zip Code

m.kaplanis@platautofinance.com

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

For further information concerning this matter, please call:

Michael Kaplanis at ( 727 ) 4514248  
 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 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: Pasadena Acceptance Finance LLC

2. (a) 25 N. Main Avenue (b) 25 N. Main Avenue

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

Clearwater, FL 33765

Clearwater, FL 33765

8/25/14

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3. Date of filing/registration in Florida 4. Document number

5. (a) Carrie Ferderigos

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

25 N. Main Avenue

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Clearwater, FL 33765

(b) Michael Kaplanis

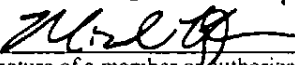
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

, FL

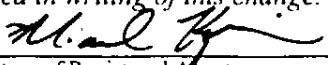
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TALLAHASSEE, FL

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 of a member or authorized representative of a member

Michael Kaplanis  
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