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(Requestor's Name)								
(Address)								
(Address)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
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2020 SEP 14 AM 9: 50

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	ect: Pasadena	Acceptar	re	finance	LLC
		Name of Limited	Liabi	lity Company	
Dear Si	r or Madam:				
The end	closed Registered Agent/Registere	d Office Change an	d fee	(s) are submitted	for filing.
Please	return all correspondence concerni	ing this matter to th	e follo	owing:	
Michael	l Kaplanis				
	Name of Person				
Platinur	n Auto Finance				
	Firm/Company				
25 N. M	fain Avenue				
	Address				
Clearwa	ater, FL 33765				
	City/State and Zip C	ode			
m.kapla	nis@platautofinance.com				
Е	-mail address: (to be used for futu	re annual report not	ificat	ion)	
For fur	ther information concerning this n	natter, please call:			
Michae	l Kaplanis	727 at ()	4514248	
	Name of Person	··· \	, A	Area Code & Day	time Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		I I	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	ction porations allahassee e Street, Suite 810
	Enclosed is a check for the follows: \$25 Filing Fee	Ů	ፍ ኖሩ ዞ	Filing Fee & Cert	ified Conv
	- JES TIME I CC	J	u√./I	ang recared	00/7

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.

Name of the limited liability company: _	Pasadena	A	cceptance	Financ	e LLC				
(a) 25 N. Main Avenue		(b)	(b) 25 N. Main Avenue						
Principal office address of limited liab (Note: MUST BE STREET AD		(5)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
Clearwater, FL 33765	Clearwater, Fl. 33765				Clearwater, FL 33765				
8/25/14			L14	00013	2761				
Date of filing/registration in I	Florida	4.	Docu	ment number					
(a) Carrie Ferderigos									
Registered Agent and Registered Office shows	n on the records of the	Florida	Dept. of State:						
25 N. Main Avenue									
Registered Office Address (MUST BE FL	ORIDA STREET AD	DRESS)							
Clearwater	, FL ³³	3765		<	S: 26				
	, rL				720 S				
(b) Michael Kaplanis				<u> </u>	2020 SEP 14				
Enter name of NEW Registered Agent and/or	r NEW Registered Of	ffice add	ress;	AHASSEE.	₹ - [
				SAC SOC					
			_ 	س: س	면 # -				
NEW Registered Office Address:				L - 13	50				
	, FL								
the limited liability company is not organiz	ed under the laws	of the S	State of Florida,	it is hereby ec	onfirmed that after th				
ange or changes are made, the Florida stree ent will be identical. Or, in the case of a Fl	et address of the re	gistered	l office and the l	business office	e of the registered				
s/were authorized by an affirmative vote o	f the members of t	he limi	ted liability com	pany or as oth					
e articles of organization or the operating as	greement of the lin			,					
signature of a member of authorized representative of	of a member	WHEN	ael Kaplanis Printe	ed or typed name	of signee				
		to act i		• • •					
ovisions of all statutes relative to the proper	r and complete pe	rforma. or in C	nce of my duties,	and I am fan Or if this do	niliar with and acce				
hereby accept the appointment as registered ovisions of all statutes relative to the prope obligations of my position as registered a merely reflect a change in the registered of tifted in writing of this change.	fice address, I her	reby coi	ifirm that the lin	nited liability	company has been				
differ the writing of this change.									

Signature of Registered Agent