## 1500011979

(Re	equestor's Name)			
(Ad	ldress)	·····		
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	<del>;</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
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2015 SEP 21 P 2: 26

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S MASON

## **COVER LETTER**

•	of Corporations				
SUBJECT:	PACIFIC N		N Liability (	Company	YLLC
	•		Ziaoini, C	sompany	
Dear Sir or Mada	m:				
The enclosed Reg	gistered Agent/Registered (	Office Change an	id fee(s) ai	re submitted for fili	ng.
Please return all c	correspondence concerning	this matter to th	e followin	ıg:	
Ro	berto Name of Person				
Ba	Firm/Company		<del></del>		
416	Pinewood	Dr			
	City/State and Zip Code	e	7		
Roc (	ocobarra	AZOO	Ootm	nail.com	)
For further inform	nation concerning this mat	ter, please call:			
Roberto	Derraza Name of Person	at ( <u>81</u> 3		183 –526 Code & Daytime Te	
Registrat Division Clifton B 2661 Exe	ion Section of Corporations suilding secutive Center Circle see, Florida 32301	F I F	Registratio Division of P.O. Box 6	f Corporations	
Enclosed	l is a check for the follow	ing amount:			
\$25 Fi	ling Fee	٦	\$55 Filing	g Fee & Certified Co	эру

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.

Name of the limited liability company:	Pacific	Cot	ton	Com	pany	LLC	
416 Pinewood DR			416	Anew	005 Ou	<u> </u>	_
2. (a) Obsmor, FC 30 Principal office address of limited lie		_ (b) _			FC 34	ability company:	_
( <u>Note: MUST BE STREET A</u>			•	_	Y BE POST O		
							_
	<u></u>						_
Jan 39 , 20	15	1	_150	0000	17579	<del>-</del>	
3. Date of filing/registration in		4.		Document		<u> </u>	_
Dial Bo							
5. (a) Kober to BC Registered Agent and Registered Office show	WRRQZO	e Florida De	ent. of State	:			
416 Pinewood							
Registered Office Address (MUST BE F		DDRESS)					
Oldsmar, FL							
DISSIPAL, IC	_ 3-10/1	<u>′</u>	<u>.</u>			2	
	, FL_		<u>-</u>		2015		
(b) Enter name of NEW Registered Agent and	NEW Registered C	Office addre			SEP 2	gradenia.	
Short man of <u>respect to the same</u>					<u> </u>		•
'Roberto P	arraza	_			P 2: 26 OF STATE E.FLORIDA	6	
NEW Registered Office Address:				•	2: 2 ORIG		
416 Pinewood	DR DR	<del></del> -			DA DA		
Oldsmar	, FL	346	,77				
70.1 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	:		ata of Flo		uauahu aanfi	mund that after	
If the limited liability company is not organ the change or changes are made, the Florida	street address of t	he registe	red office	and the b	usiness offic	e of the registere	b
agent will be identical. Or, in the case of a was/were authorized by an affirmative vote	Florida limited liab	bility com	pany, it is	hereby co	onfirmed that	t the change(s)	
the articles of organization or the operating	agreement of the li	imited lial	pility com	ipany.	or as other,	rise provided in	
R- P-x		K	ober		Barraz	70	
Signature of a member or authorized representative	of a member	-	•	Printed or t	yped name of s	ignee	
I hereby accept the appointment as register provisions of all statutes relative to the prothe obligations of my position as registered to merely reflect a change in the registered notified in writing of this change.	red agent and agre per and complete p agent as provided office address, I ha	te to act in performan for in Ch ereby con	this cape ce of my c apter 605 firm that	acity. I fur duties, and , F.S. Or, the limited	ther agree t l I am familio if this docur l liability cor	o comply with the ar with and acce nent is being file npany has been	e pt d
Simulation of Parishand Africa							
Signature of Registered Agent							