## L15000027668

(Re	questor's Name)	
<u></u>		
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

SECRETARY OF STAIL OIVISION OF CORPORATION

MAY 2 9 2015

**8 MASON** 

Pax Camp	us, LLC	•	,
ECT:	Name of Limited Liability	Company	-
	f Amendment and fee(s) are submitted for f		
se return all corresp	ondence concerning this matter to the follow	wing:	
	Fred Moldt		
	Name	of Person	<b></b> -
	Pax Campus		_
		Company	
	1105 N Federal Hwy	ddress	_
	Boynton Beach/FL 33435	MICOS	
	-	and Zip Code	-
	freddy.moldt@paxcampus.com		
further information o	to be used for concerning this matter, please call:	future annual report notification)	
i Moldt	- · · ·	61 859-3185	٠
Name o	at (_	rea Code Daytime Telephone Number	er
	ne following amount:		
\$25.00 Filing Fee		Filing Fee & \$60.00 Filing Fee & Certification	iling Fee, ate of Status &
	(additi	onal copy is enclosed) Certified (additional	Copy (Sencloses)
			N OF A
MAILI	ING ADDRESS:	STREET/COURIER ADDRESS:	m;
Registration Section Division of Corporations		Registration Section Division of Corporations	OF STATE ORPORATIO PM 4: 38 OF STATE OF STATE FLORIDA
P.O. Bo		Clifton Building 2661 Executive Center Circle	ATE ATION 38
		Tallahassee, FL 32301	₩.
in al office address	MUST BE A STREET ADDRESS)	Boynton Beach, FL 33435	
серия одисе щинет	MUST BE A STREET ADDRESS		
		1105 N. Fadaral Hugg	
new mailing addi	••	1105 N. Federal Hwy  Boynton Beach, FL 33435	
ng aaaress MAT L	BE A POST OFFICE BOX)		
			- the name of the n
	egistered agent and/or registered of the new registered office address here		r the name of the h
	Registered Agent:		
New Registered	Office Address:	Enter Florida street address	15 M
		, Florida _	PH NET
Registered Agent's S	Signature, if changing Registered Agent:	City	RY OF CORP
by accept the app	ointment as registered agent and agre	ee to act in this capacity. I further a	greeto comply with the
sions of all statute	s relative to the proper and complete	performance of my duties, and I am	n familiar with and
filed to merely re	flect a change in the registered office	roviuea jor in Cnapter ous, r.s. U. address, I hereby confirm that the l	i, y inis aocume <u>nt</u> is limited liability
any has been notij	fied in writing of this change.		
by accept the app ions of all statute t the obligations of filed to merely re	ointment as registered agent and agre s relative to the proper and complete of my position as registered agent as p	performance of my duties, and I am provided for in Chapter 605, F.S. O	greefo comply win familiar with and r, if this document

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Santiago Gutierrez	2707 SW 2nd st	
		Delray Beach, FL 33445	■ Remove
			Change
			Add
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		to the second se	□ Remove
		·	□ Change
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			SECRE DIVISION LAMAY SECRE
			5-1- O-1
			ARY OF STATE  ARY OF STATE
			□ Remove
			Change

D. If amending any other	er information, enter c	:hange(s) here:	(Attach addition	nal sheets, if nece	essary.)	
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F. Effective data if othe	er than the date of filin	A 611 *		(ontio	mal)	
	I, the date must be specific and ted in this block does not re tate on the Department of S	meet the applicab	date of filing or more le statutory filing	e than 90 days after requirements, this	filing.) Pursua date will no	nt to 605.0207 (3) t be listed as the
f the record specifies b) The 90th day after			an effective tir	ne, at 12:01 a	.m. on the	e earlier of:
					PES ES	SECRET ISION O
Dated	MAY 24	, <u>Zo/5</u>	٠,		AL PER PROPERTY OF THE PROPERT	N OF C
	e Ab			·	RY OF	CORP.
	Signature of a	member or authori	zed representative o	t a member	F STA	STA ORA
Fred Moldt	•				ᅙᆏ	38 38

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00