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Division of Corporations Electronic Filing Cover Sheet

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(((H18000268353 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 : (702)866-2689 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE PAMEER PALM LLC

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Corporate Filing Menu

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TO:

Registration Section
Division of Corporations

COVER LETTER

SUBJECT:	Pameer Palm LLC
	of Limited Liability Company
Dear Sir or Mudam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Courtney Thomas	
Name of Person	
InCorp Services, Inc.	
Firm/Company	· · · · · · · · · · · · · · · · · · ·
3773 Howard Hughes Pkwy. Suite 6	i00s
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
documents@Incorp.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Courtney Thomas	at () 702-866-2500
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, Florida 32314
Enclosed is a check for the following an	aount:
☑ \$25 Filing Foo	☐ \$55 Filing Fee & Certified Copy
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.

2. (a)	6527 Old Chesterbrook Rd.		(b) 6527 Old Chesterbrook Rd.			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-	nited liability company; OST OFFICE BOS	
	Mclean, VA 22101	_ _	Molean	n, VA 22101		
	09/23/2015		L15000	162157		
3.	Date of filing/registration in Florida	4.		Document numb	er	
5. (a)	RAHMANI, AHMAD				_	
), (B)	Registered Agent and Registered Office shown on the records of	the Florida	Dopt, of 8	State,		
	10271 Parto Romano Drive				• • • •	
	Registered Offloe Address (MUST BE FLORIDA STREET)	(DDRESS	1	_ _	ن	
				•		
	East Muner		3913			
•	Fort Myers , FL					
(b)	InCorp Services, Inc.				ತ	
(4)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	lreu:		13	
	17888 67th Court North					
	NEW Registered Office Address:					
·						
	Loxahatchee, FL	3	3470			
the char agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of all be identical. On, in the case of a Florida limited live authorized by an affirmative vote of the members coles of organization or the operating agreement of the	the regi- ability co of the lim limited	itered of impany, ited liao iability o	lice and the business it is hereby confirm ility company or as a company.	s office of the regi ed that the change	
		Ahr	nad Rat			
Signan	is of a hiember of quelterized concerniation of a member	7 17 18		Printed or typed ner	me of signee	
	ure of a member of auditrized representative of a member by accept the appendiment as registered agent and agins of all statutes relative to the proper and complete gations of my position as registered agant as provide by reflect a change in the registered office address, I in writing of this change.		in this c ance of n Chapter (onfirm th	Printed or typed ner rapacity. I further a ny dulles, and I am 605, F.S. Or, if this nat the limited Habili		

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