11700032878

(Red	questor's Name)	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	. Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200296678292

03/20/17--01014--017 **25.00

ALCAHASSEE PLOPISM

MAR 21 2017 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations	10	.
SUBJ	PANDARAROADPROPER	TIES LLC	
0020		ne of Limite	ed Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	fice Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to	o the following:
Heatl	ner Olson		
	Name of Person		
	Firm/Company		3
2055	Siesta Drive - Unit 5843		MAR CO
	Address		c.
Saras	sota, Florida 34277		
	City/State and Zip Code		
1031	GREAT@gmal.com		
Е	-mail address: (to be used for future ann	nual report i	notification)
For fur	ther information concerning this matter,	, please call	! :
Seem	na Maheshwari	941 at (404-6247
	Name of Person	w= (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 Tallahassee, Florida 32314
	Enclosed is a check for the following	; amount:	
	■ \$25 Filing Fee		\$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.

1. Na	ame of the limited liability company: PANDAR	AROF	ID PRO	PERTIES L	LC
2. (a)		_ (b)			
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-)	М	ailing address of limited (Note: MAY BE POS	
	2055 Siesta Drive - Ste 5843	_	2055	- Siester	<u> Live - Ste 584</u>
	Brasota FL 34277	_)cras	ota, Fr	34277
	2/10/17	_	LI	1000032	878
3.	Date of filing/registration in Florida	4.	I	Document number	
5. (a)	HEATHER OLSON Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of State:		
	3120 SOUTHGATE CIRCLE		-		
	Registered Office Address (MUST BE FLORIDA STREET A)				30
					7
	SARASOTA ,FL	342.	39		HAR 20
					2 CORC
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:		PM 12: 57
	2055 SIESTA DR UNIT	584	₹		
	NEW Registered Office Address:				
		2			
	SARASOTA ,FL_	3427	4		
the cha agent v was/we the arti	imited liability company is not organized under the lawsunge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liaboration.	he regist pility con the limit	ered office and appropriate the company, it is in the company of t	and the business of hereby confirmed the company or as other	fice of the registered hat the change(s) erwise provided in
	ture of a member or authorized representative of a member				
provisi the obl to mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I he I in writing of this change.	erformai for in Cl	nce of my di napter 605.	uties, ånd I am fami F.S. Or. if this doc	iliar with and accept ument is being filed
Signatu	leather Otto				