117000151369

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
ertified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600301862456

07/28/17--01010--003 **25.00



AUG 0 2 2017 J SH:VERS

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	Don Pascual LLC ECT:		
	Name of Lim	ited Liab	pility Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Office Chan	ge and fe	e(s) are submitted for filing.
Please	e return all correspondence concerning this matter	to the fo	llowing:
Yoel	Pascual		
	Name of Person		-
Don I	Pascual LLC		
	Firm/Company		-
5815	4Th St E		
	Address	······································	-
Brade	enton, FI 34203		
	City/State and Zip Code		
yesei	niacruz159@gmail.com		
1	E-mail address: (to be used for future annual repor	1 notifie:	ation)
For fu	rther information concerning this matter, please co	all:	
Yoel	Pascual 91	19	454-2579
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314
	Enclosed is a check for the following amount	:	
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy
INHSI	8 (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: Don Pascual L	_LC	
2. (a)		(b)	
- ((, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (")	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5870 14th Street E		5870 14Th Street E
	Bradenton, FI 34203		Bradenton. FI 34203
	07/14/2017	L	17000151369
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Yoel Pascual		
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:
	Registered Office Address	DDRESS)	7.7
	5870 14Th Street E		
	Bradenton FL	34203	20 A
			7
(b)		4.60	<u> </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addi	lees: See 5
	Yoel Pacual		I
	NEW Registered Office Address:		
	, FL		
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icks of organization or the operating agreement of the	rs of the S the regist bility con f the limi limited li	ered office and the business office of the registered hpany, it is hereby confirmed that the change(s) led liability company or as otherwise provided in ability company.
X F		Yoel	Pascual
•	ture of a member or authorized representative of a member		Printed or typed name of signee
provis. the ob to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	performa Hör in C	nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed
Skinati	Tre of Registered Agent		
	Division of Cornerations P O R	lov 63274	Tallahacene Fl. 32314