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To:

Division of Corporations
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**LLC REGISTERED AGENT CHANGE
PACHY INSURANCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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. Name of the limited liability company: PACHY INSURANCE LLC
2. (a) RIGOBERTO FERNANDEZ TORRES
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
11492 QUAIL ROOST
MIAMI, FL 33157
- (b) RIGOBERTO FERNANDEZ TORRES
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
11492 QUAIL ROOST
MIAMI, FL 33157
3. 12/20/2017
Date of filing/registration in Florida
4. L17000259340
Document number
5. (a) RIGOBERTO FERNANDEZ TORRES
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
622 NW 18TH STREET
HOMESTEAD, FL 33030
- (b) JORGE PARADA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
11492 QUAIL ROOST
MIAMI, FL 33157

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jorge Parada
Signature of a member or authorized representative of a member

JORGE PARADA, AMBR

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jorge Parada
Signature of Registered Agent

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