## 1180000336666

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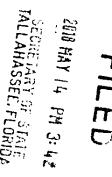
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## **COVER LETTER**

Division of Corporations		
Pamausa, LLC SUBJECT:		
<del></del>	Limited Liability Compan	ny
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office (	nange and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this ma	ter to the following:	
Esser D Melul		
Name of Person		
Firm/Company		
3330 NE 190th St. APT 1414		
Address		
Aventura, FL 33180		
City/State and Zip Code	<u> </u>	
Melulcorp@gmail.com		
E-mail address: (to be used for future annual	port notification)	
For further information concerning this matter, plea	e call:	
Esser D Melul	,305 7616914	
Name of Person		Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Flori	da 32314
Enclosed is a check for the following am	unt:	
<b>☑</b> \$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: Pamausa, LL	.C	······	······································			
2. (a)			(b)				
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	·		Mailing address of li (Note: MAY BE)			-
	3330 NE 190th St. Apt 1414		3330 NE	190th St. Ap	t 1414		
	Aventura, FL 33180		Aventura	a, FL 33180			
	02/06/2018		L1800003	33666			
3.	Date of filing/registration in Florida	<b>-</b> 4.	-	Document number	ber		
5. (a)	REGISTERED AGENTS INC.						
J. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	<del>.</del>			
	3030 N. ROCKY POINT DRIVE, STE 150A	,			ΪA	<u>r</u> s	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	LLA!	AYH MIR	-
	Tampa Fi	33607	,	-	RETARY AHASSE	11 72	=
(b)	Esser D Melul	<u> </u>			E FLORI	₽ <b>#</b> 3:	ED
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:			. 17.	
	3330 NE 190th St, APT 1414				,,-	••	
	NEW Registered Office Address:			•			
	Aventura	33180	)				
the cha agent v was/we	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members icles of organization or the organized agreement of the	f the reginability of the line	istered office company, it is mited liability	e and the busines s hereby confirm y company or as apany.	ss office oned that the	f the reg e chang	gistered e(s)
Signa	ture of a member or authorized representative of a member	-		Printed or typed na	ame of signs	æ	
provisi the obi to mer notified	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a e perfori ed for in hereby	ct in this cape nance of my e Chapter 605 confirm that i	acity. I further a duties, and I am i, F.S. Or, if this the limited liabil	agree to co familiar v s documen lity compa	omply with and tis being the second tis being the s	vith the l accept ng filed been
Signatu	re of keathers Agent						

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