## L19000179819

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## COVER LETTER

TO: Registration Section Division of Corporations	*
P.M.A. INTL ENTERPRISE LLC SUBJECT:	
<del>- , , ,</del>	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
PASTOR JESUS MATUTE ARIAS	
Name of Person	
N/A	
Firm/Company	<del></del>
3940 NW 79TH AVE APT #745	
Address	<del></del>
DORAL, FL 33166	
City/State and Zip Code	<del></del>
pastor2580@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
PASTOR JESUS MATUTE ARIAS 95	54 8043185
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	::
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy

## 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	ime of the limited liability company: P.M.A. INTL ENTE	ERPF	RISE LLC			
2. (a)	PRINCIPAL ADDRESS		(b) MAILING	ADDRESS		
<b>2.</b> (11)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	-		Mailing address of limited   (Note: MAY BE POST)		;
	3940 NW 79TH AVE APT #745		3940 NW 1	79TH AVE APT #745		
	DORAL, FL 33166	_	DORAL, F	FL 33166		
	07/23/2019		L190001798	319		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	QUINTERO & ASOCIADOS DESPACHO DE ABOGADO	S				
	Registered Agent and Registered Office shown on the records of the QUINTERO & ASOCIADOS DESPACHO DE ABOGADO Registered Office Address (MUST BE FLORIDA STREET AL	OS	·	- e: -		
	2200 NW 72ND AVE #523223		<del></del>		2	
	MIAMI , FL <sup>3</sup>	3152		-	J21.	
(b)	PASTOR JESUS MATUTE ARIAS			- : -	2021 JAN 22 F	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	mice	address:		PM	
	PASTOR JESUS MATUTE ARIAS				. 5 6	
	NEW Registered Office Address:	·		_	σ	
	3940 NW 79TH AVE APT #745			_		
	DORAL FL3	3166	ı			
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line	egist ility the l mite	ered office and company, it is imited liability d liability com	d the business office o s hereby confirmed tha y company or as other	of the registered at the change(s	j )
Signa	ture of a member or authorized representative of a member			Printed or typed name of	signee	
provisi the obl to mer	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point ignitions of my position as registered agent as provided pely reflect a change in the registered office address. I he d in writing of this change.	e to t erfor for ti reby	ict in this cape mance of my c a Chapter 605 confirm that i	ucity. I further agree t duties, and I am famili , F.S. Or, if this docu the limited liability cor	to comply with ar with and ac ment is being f mpany has bee	the ecept îled n
Signatu	re of Registered Agent					
	Division of Corporations • P.O. Bo	x 6.	327● Tallahas	ssee, FL 32314		

FILING FEE: \$25.00

INH\$18 (2/14)