Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000416866 3)))



H220004168663ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

T	Λ	٠

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	· <del></del>		
-------	----------	---------------	--	--

### LLC REGISTERED AGENT CHANGE PISCO Y NAZCA CORAL GABLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

### C. BRUMBLE

L W. DLU

Electronic Filing Menu

Corporate Filing Menu

Help

#### **COVER LETTER**

TO: Registration Section Division of Corporations

## SUBJECT: PISCO Y NAZCA CORAL GABLES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo	
Name of Person	···
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwes	st Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	, please call:
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Numbe
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	g amount:
□ \$25 Filing Fee	S55 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.

L. No	une of the limited liability company: PISCO	Y NAZ(	JA COR	AL GABLE	ES LLC	
2. (a)	8899 NW 18 TERR	(	<sub>b)</sub> 8899 I	NW 18 TE	RR	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	· ———	Mailing address of fi <i>(Note: MAY BE)</i>	,	
	STE 200		STE 2	00		
	DORAL, FL 33172		DORA	L, FL 3317	72	
	6/15/2021		L21000	278044		
3.	Date of filing/registration in Florida	4.		Document numb	ber	
5. (a)	PACHAS, MILCIADES V, SR.					
	Registered Agent and Registered Office shown on the record 8899 NW 18 TERR	s of the Floric	la Dept, of State	: ::		
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRES</u>	<u>2)</u>	-		
	DORAL	FL 3317	<b>'</b> 2		SECRETARY TAIL AHAS	•
(h)	Registered Agent Solutions, Inc	· · · · · · · · · · · · · · · · · · ·		_	DEC 1	7
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office a	<u>ldress</u> .		2 <b>/</b>	
	155 Office Plaza Dr.				PH 5: OF STA	ED
	NEW Registered Office Address:			•	28	
	Suite A				-	
	Tallahassee	<sub>FL</sub> 3230	)1			
If the li	imited liability company is not organized under the	laws of the	State of Flo	orida it is herebs	y confirmed the	it after

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.

/s/	Milciades Pachas	Milciades Pachas	Authorized Signer	
Signature of a member or authorized representative of a member		Printed or typed name of signee		

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst. Secretary
Signature of Registered Agent