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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: July 15, 2022

AE: Cori Ann Crosthwaite

TO: Florida Department of State

1960

REFERENCE: 1809978

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX: 850-687-6381

PLEASE PERFORM THE FOLLOWING:

**ALOHA PAMA REALTY OF THE GULF COAST LLC**

**File Change of Registered Agent**

**IN: FL**

**PLEASE RETURN:**

**PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS**

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
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STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2022

CORI ANN CROSTHWAITE  
2804 GATEWAY OAKS DRIVE  
#100  
SACRAMENTO, CA 95833

SUBJECT: ALOHA PAMA REALTY OF THE GULF COAST LLC  
Ref. Number: L21000344507

We have received your document for ALOHA PAMA REALTY OF THE GULF COAST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 422A00025413

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**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: ALOHA PAMA REALTY OF THE GULF COAST LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> )	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> )
<u>45 Haele Place</u>	<u>45 Haele Place</u>
<u>Makawao, HI 96768</u>	<u>Makawao, HI 96768</u>
<u>7 30 2021</u>	<u>L21000344507</u>

3. \_\_\_\_\_ Date of filing/registration in Florida      4. \_\_\_\_\_ Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

BERGES, VIRGINIA  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
85 S. Harborview Rd  
SANTA ROSA BEACH, FL 32549

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Rocket Lawyer Corporate Services LLC  
NEW Registered Office Address:  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

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.

<u>Muna Kim Kurose</u> Signature of a member or authorized representative of a member	<u>Muna Kim Kurose</u> 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, I hereby confirm that the limited liability company has been notified in writing of this change.*

ASSIST. SECRETARY, Rocket Lawyer Corporate Services LLC  
Signature of Registered Agent

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

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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

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Date: December 05, 2022

AE: Cori Ann Crosthwaite

TO: Florida Department of State

1960

REFERENCE: 1809978

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX: 850-687-6381

PLEASE PERFORM THE FOLLOWING:

**ALOHA PAMA REALTY OF THE GULF COAST LLC**

**File Change of Registered Agent**

**IN: FL**

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
File Change of Registered Agent	794793	Florida Department of State	\$25

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