

h21000373789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

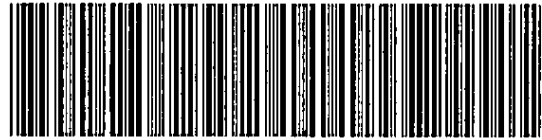
(Business Entity Name)

(Document Number)

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2022 JAN 21 AM 6:34

SECRETARY OF STATE
TALLAHASSEE, FL

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JAN 26 2022



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2022 JAN 21 AM 9:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

January 7, 2022

PAMELA COLOVOS
3706 BROADWAY, #2
FT MYERS, FL 33901

SUBJECT: ONE 800 PAM, LLC
Ref. Number: L21000373789

We have received your document for ONE 800 PAM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 422A00000457

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE 800 PAM, 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:

PAMELA S. COLOVOS

Name of Person

ONE 800 PAM, LLC

Firm/Company

3706 BROADWAY, #2

Address

FORT MYERS, FL 33901

City/State and Zip Code

PAMCOLOVOSE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAMELA S COLOVOS

Name of Person

at (708) 955-1001

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

☐ \$55 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. Name of the limited liability company: ONE 800 PAM, LLC

2. (a) 3706 BROADWAY, #2 FORT MYERS, FL (b) _____

Principal office address of limited liability company: 33901
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. SEPTEMBER 1, 2021 4. L21000373789
Date of filing/registration in Florida Document number

5. (a) PAMELA S COLOVOS

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10475 CASELLA WAY, UNIT 102 FORT MYERS, FL 33913
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FORT MYERS, FL 33913

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3706 BROADWAY, #2
NEW Registered Office Address:

FORT MYERS, FL 33901

FORT MYERS, FL 33901

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.

Pamela S Colovos
Signature of a member or authorized representative of a member

PAMELA S. COLOVOS
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.

Pamela S Colovos
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL