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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CASAS PADEL LLC Name of Corporation

DOCUMENT NUMBER: L22000517498

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

arlos Pinto	
ame of Contact Person	
lasas Padel LLC	
irm/Company	
50 NE 32 ST UNIT 2307	
Address	
JIANII FL 33137	
lity/State and Zip Code	
info@casaspadel.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Carlos Pinto	-	, 786	4576682
	ame of Contact Person	Area Code	& Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: <u>CASAS PADEL LLC</u>

2. The principal office address: 8424 NW 66 StreetMIAMI, FL 33166

3. The mailing address (if different): 650 NE 32 ST UNIT 2307 MIAMI FL 33137

4. Date of incorporation/qualification: 01/02/2023 Document number: 01/02/2023

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Carlos Pinto

650 NE 32 ST UNIT 2307

MIAMI FL 33137

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Blas Sanchez	
2555 NW 102ND AVE, SUITE 209MIAMI, FL 33172	
P.O. Box NOT acceptable	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer of director

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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 obligation of my position as registered agent. Or, if this document is being thed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

04/04/24 Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E(045 (04/13)