

L23 0000 37342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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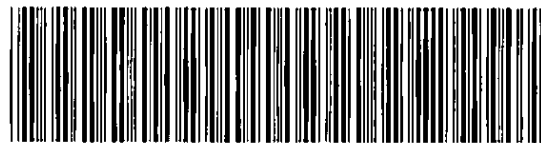
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAC SURFSIDE 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:

GLORIA LUQUE

Name of Person

Firm/Company

211 SW 29TH RD

Address

MIAMI, FLORIDA, 33129

City/State and Zip Code

yoyiluque@gmail.com

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

For further information concerning this matter, please call:

GLORIA LUQUE

at ( 305 )

7750225

Name of Person

Area Code &amp; 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

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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: PAC SURFSIDE LLC

2. (a) 211 SW 29TH RD, MIAMI, FLORIDA, 33129  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 211 SW 29TH RD, MIAMI, FLORIDA, 33129  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. 01/19/2023 Date of filing/registration in Florida  
4. L23000037342 Document number

5. (a) WORLD CORPORATE SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2665 SOUTH BAYSHORE DRIVE SUITE 703  
MIAMI, FL 33133

(b) GLORIA LUQUE  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:  
211 SW 29TH RD  
MIAMI, FL 33129

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.

Gloria He. Luque  
Signature of a member or authorized representative of a member

GLORIA LUQUE  
Printed or typed name of signer

*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.*

Gloria He. Luque  
Signature of Registered Agent