

M13000002029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

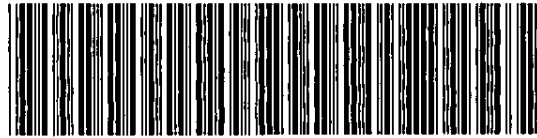
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 APR -5 PM 4:44
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C. LEWIS

APR 8 2013

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/5/13

NAME: SAKPAN LLC

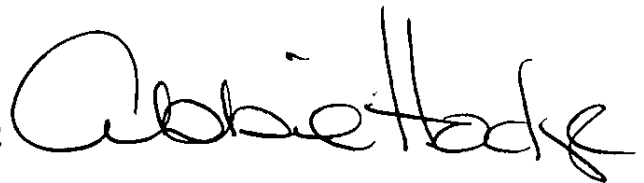
TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "Abbie Hodge", is written over the authorization text.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAKPAN 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:

Ms. Ana Margarita Llobera
Name of Person

% Miami Aviation Services, Inc.
Firm/Company

6355 N.W. 36th Street, Suite 310
Address

Virginia Gardens, FL 33152
City/State and Zip Code

~~att@me~~ meweisberg@meweisbergconsulting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ms. Ana Margarita Llobera at (305) 904-1023
Name of Person Area Code & Daytime Telephone Number

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 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 608.416 or 608.508, 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: Sakpan LLC
2. (a) Principal office address of limited liability company: 90 Miami Aviation Services, Inc.
(Note: MUST BE STREET ADDRESS) 6355 N.W. 36th Street, Suite 310
Virginia Gardens, FL 33166
- (b) Mailing address of limited liability company: P.O. Box 524515
(Note: MAY BE POST OFFICE BOX) Miami, FL 33152
3. Date of filing/registration in Florida: April 1, 2013
4. Document number: M13000002029
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Capitol Corporate Services, Inc.
Registered Office Address: 155 Office Plaza Dr. Ste A
Tallahassee FL 32301
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Ms. Anna Margachika Llohem
NEW Registered Office Address: 90 Miami Aviation Services, Inc.
(MUST BE FLORIDA STREET ADDRESS) 6355 N.W. 36th Street, Suite 310
Virginia Gardens FL 33166

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.

Martin Eric Weisberg
Signature of a member or authorized representative of a member

Martin Eric Weisberg
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 608, 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.

Ms. Anna Margachika Llohem
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA