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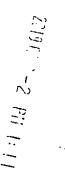
(Requestor's Name)						
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R. WH!TE

COVER LETTER

TO:	Registration Section Division of Corpora						
SUBJI	PCM-NWT IN	VESTOR, LLC					
0020		Name of Limited Liability Company					
Dear S	ir or Madam:						
The cr	closed Registered Ag	gent/Registered Of	fice Change and	d fec(s) are submitted for filing.			
Please	return all correspond	ence concerning th	nis matter to the	following:			
JEFF F	KRINSKY						
	Na	me of Person					
PANT	HER CAPITAL MANA	AGEMENT, LLC					
	Fir	n√Company					
1172 S	. Dixie Hwy. Ste. 502						
	A	Address					
Coral (Gables, FL 33146						
	City/Si	ate and Zip Code		_			
JKrins	ky@panthercm.com						
	E-mail address: (to be	used for future an	nual report noti	fication)			
For fu	rther information con	cerning this matter	r, please call:				
Ayax (Christopher		305 at (374-1753			
	Name of Po	erson	at (Area Code & Daytime Telephone Number			
	Mailing Address: Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a chec	k for the following	g amount:				
	■ \$25 Filing Fee			\$55 Filing Fee & Certified Copy			
INHSI	8 (2/14)						

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. Na	ame of the limited liability company: PCM-NWT INV	ESTOR,	LLC		
2. (a)			b)		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limi (Note: MAY BE PO	ted liability company:
	1172 S. Dixie Hwy. Ste. 502 Coral Gables, FL 33146		1172 S. Di	xie Hwy. Ste. 502 C	oral Gables, FL 33146
					
	03/05/2014		M14000001	504	
3.	Date of filing/registration in Florida	4.		Document number	-
5. (a)	PANTHER MANAGEMENT SERVICES, LLC				
J. (u)	Registered Agent and Registered Office shown on the records of	- ::			
	Registered Office Address (MUST BE FLORIDA STREET) 333 S MIAMI AVE STE 150	-			
	Miami , FI	33130 L		-	2019 6:
				-	
(b)				-	1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	<u>ddress</u> :		2
					=======================================
	NEW Registered Office Address:			•	=
	1172 S. Dixie Hwy. Ste. 502				
	Coral Gables . FI	33146			
change agent v was/we the arti	imited liability company is not organized under the large or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member of all statutes relative to the proper and complete igations of inv position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change.	e register ability e of the lin limited 	red office and ompany, it is nited liability com F KRINSKY	I the business offic hereby confirmed a company or as officially pany. Printed or typed name acity. I further agree that is a further agree that is a further agree.	e of the registered that the change(s) herwise provided in of signee

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