

P13000000438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000278289950

10/21/15--01018--018 **35.00

15 OCT 21 PM 1:18
FBI

OCT 22 2015
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **PAS ENTERPRISES INC**

Name of Corporation

DOCUMENT NUMBER: **P13000000438**

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:

SEAN PAGEL

Name of Contact Person

PAS ENTERPRISES

Firm/Company

4613 N. UNIVERSITY DR, UNIT #415

Address

CORAL SPRINGS, FL 33067

City/State and Zip Code

PAGELAVIATION@GMAIL.COM

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

For further information concerning this matter, please call:

SEAN PAGEL

Name of Contact Person

at **954 288-7684**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PAS ENTERPRISES INC
2. The principal office address: 4613 N. UNIVERSITY DR, UNIT #415
CORAL SPRINGS, FL 33067
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JAN 2, 2013 Document number: P13000000438
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)

SEAN B PAGEL

15001 NW 42ND AVE

OPA LOCKA, FL 33054-2316

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

SEAN PAGEL

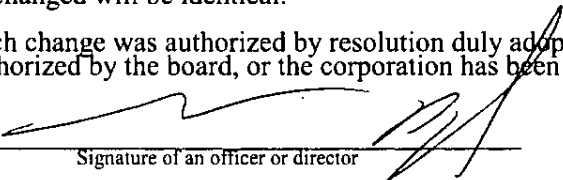
4613 N. UNIVERSITY DR, UNIT #415

P.O. Box NOT acceptable

CORAL SPRINGS, FL 33067

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.

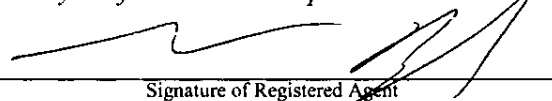


Signature of an officer or director

SEAN PAGEL, PRESIDENT

Printed or typed name and title

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 filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

OCT 16, 2015

Date

If signing on behalf of an entity:

Typed or Printed Name

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