

L07000006335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

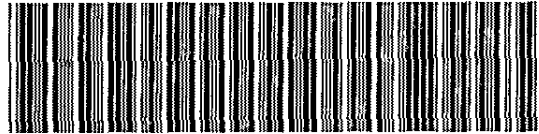
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only

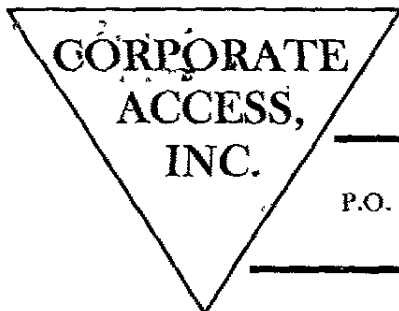


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10/03/07--01001--002 **25.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

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TALLAHASSEE, FLORIDA

- ☐ CERTIFIED COPY
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LLC Amend

1. Discoversoriano.com, LLC 207-6335
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

07 OCT -4 AM 9:49

October 3, 2007

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: DISCOVERSORIANO.COM, LLC
Ref. Number: L07000006335

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07 OCT -4 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DISCOVERSORIANO.COM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 payment.

The document must be signed by the new Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 407A00057772

Corrected
+
Resubmitted

FILED
07 OCT -4 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. The name of the limited liability company is: DISCOVERSORIANO.COM, LLC
2. The mailing address of the limited liability company is : 6785 ARROYO DR
VIERA FL 32940

- 1/18/2007 L07000008335
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY

Name
1201 HAYS STREET
Address
TALLAHASSEE FL 32301
City, State and Zip

6. The name and address of the new registered agent and/or office:

PARACORP INCORPORATED

Name
236 EAST 8TH AVENUE
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL 32303
City, State and Zip

FILED
07 OCT 14 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Signature of a member or authorized representative of a member)

PAOLA KOUNICK
(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 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.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6377, Tallahassee, FL 32314
FILING FEE: \$25.00

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

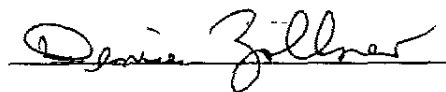
DATE: 10/3/2007

ENTITY NAME: DISCOVERSORIANO.COM, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Denise Zollner, Assistant Secretary
Paracorp Incorporated