## L14000195849

| (Requestor's Name)                      |  |  |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |  |
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SECRETARY OF STATE

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|--|---|--------------------|--|--|----------|
|  | ation Section<br>n of Corporations  |                    |  |  |          |
| SUBJECT:                                 | 307 GLEN EAGLES LANE  | E, LLC             | į  |  |          |
|  | Nan   | ne of Limited Lia  | ability Company  |  |          |
| Dear Sir or Mad                          | dam:  |                    |  |  |          |
| The enclosed R                           | egistered Agent/Registered Off  | ice Change and f   | fee(s) are submitted for fil   | ing.   |          |
| Please return al                         | I correspondence concerning th  | is matter to the f | ollowing:  |  |          |
| Emily Smith                              |   |                    | 1  |  |          |
| ······································   | Name of Person  |                    | _  | SE TAL   |          |
| Paracorp Inc                             | corporated  |                    | t  | 2017 JUL 18 RM 1: 1<br>SEURETAK ( BI STAT<br>TALLAHASSEELFLORI | ズでの中でもでき |
|  | Firm/Company  |                    | _<br>  | ANT<br>SSET  | Ē        |
| PO Box 160                               | 568   |                    | :  | BI STALL   | . «      |
|  | Address   |                    |  | RIDS   | ;        |
| Sacramento,                              | , CA 95816  |                    |  | ,  |          |
|  | City/State and Zip Code   |                    | <del>-</del> !   |  |          |
|  |   |                    |  | <b>2911</b><br>SEC<br>ALL                                      |          |
| E-mail ad                                | dress: (to be used for future and   | mal report notific | cation)  | AB (4)   | <u></u>  |
| For further info                         | rmation concerning this matter,   | , please call:     | 1  | 26<br>48Y<br>88E   |          |
| Emily Smith                              |   | ,888               | 280.6563   | A II   | 0        |
|  | Name of Person  | at (               | Area Code & Daytime T  | elephone Number 5  |          |
| Registr<br>Divisio<br>Clifton<br>2661 E. | ET/COURIER ADDRESS:<br>ation Section<br>n of Corporations<br>Building<br>xecutive Center Circle<br>assee, Florida 32301 | Reg<br>Div<br>P.O  | ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314 | •  |          |
| Enclose                                  | ed is a check for the following   | amount:            |  |  |          |
| <b>☑</b> \$25                            | Filing Fee  | <b>U</b> \$5:      | 5 Filing Fee & Certified C   | `opy   |          |

INHS18 (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 10/10  |   |  | <u> </u>                                     |  |  |                              |                    |
|--|---|--|--|--|--|------------------------------|--------------------|
| I. N   | ume of the limited liability company: 1307 GLEN E.  | AGLE   | S LANE, I                                    | LLC  |  |                              |                    |
| 2. (a)   |   | (t   | )  |  |  |                              |                    |
| 2. (a)   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (  | //<br> <br>                                  | Mailing address of limited (Note: MAY BE POST  | _  | _                            | •                  |
|  | 6219 LOUISE COVE DRIVE  |  | 6219 LC                                      | DUISE COVE DRI   | VE   |                              |                    |
|  | WINDERMERE, FL 34786  | <del></del>  | WINDE  | RMERE, FL 34780  | 3  |                              |                    |
|  | 12/29/2014  |  | <br> <br> L140001                            | 95849  |  |                              |                    |
| 3.   | Date of filing/registration in Florida  | -<br>4.  |  | Document number  |  |                              |                    |
|  | B & C CORPORATE SERVICES OF CENTR   | ≀AL FL   | ORIDA  |  |  |                              |                    |
| 5. (a)   | Registered Agent and Registered Office shown on the records of the  |  | <u>!</u>                                     | . <u>-</u><br>(e:  |  |                              |                    |
|  | •   |  |  |  |  |                              |                    |
|  | Registered Office Address (MUST BE FLORIDA STREET A   | DDRES!   | 2)   | _  |  |                              |                    |
|  | 390 NORTH ORANGE AVE STE 1400   |  |  |  |  |                              |                    |
|  | ORLANDO , FL  | 32801  |  | <del>-</del>   |  |                              |                    |
| (b)  | Paracorp Incorporated   |  |  |  | 7.5E   | 2917 JUL                     | _ <u></u>          |
| (-)  | Enter name of NEW Registered Agent and/or NEW Registered (  | Office ad  | dress:                                       | -<br>;<br>;  | >#<br>##   | يخ                           | <u> </u>           |
|  |   |  |  |  | 23. ·  | 2                            | -                  |
|  | 155 Office Plaza Drive, 1st Floor   |  |  | _  | -η(<br>"\_;  | 0                            | ITI                |
|  | NEW Registered Office Address:  |  |  | -<br>-<br>-  | 고 <sup>)서</sup><br>요::   | <b>&gt;</b>                  | Ö                  |
|  |   |  |  | -  | 맛::<br>맛::<br>가  | 2                            |                    |
|  | Tallahassee ,FL   | 32   | 301  |  | •  |                              |                    |
| the chagent was/w the art Signs I here provis the obto mer notifie | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere futhorized by an affirmative vote of the members of icles of organization on the operating agreement of the lattice of a member or authorized representative of a member by accept the appointment as registered agent and agreeign of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.  Milton Vong, Assistant Secretare of Registered Agent | the regional the region in the limited limited lee to ac perform for in the reby contact of the limited lee to according to the limited lee to according the lee to according to according to the lee to according to the lee to according to according to the lee to according to according to the lee to according to the lee to according to according to according to the lee to according to according to according to according to according to according | stered office ompany, it in the confirm that | Printed or typed name of duties, and I am James of the limited liability of the limited liability of the limited liability of the limited liability of | tice of that the consist of the cons | the reg<br>change<br>provide | ustered e(s) ed in |
|  | Division of Corporations • P.O. B   | iox 632  | 7● Tallaha                                   | ssee, FL 32314   |  |                              |                    |