

L22000 320 362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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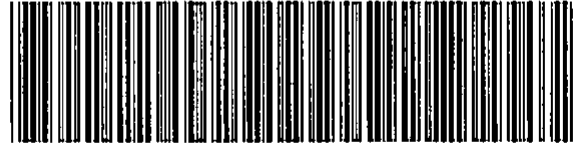
(Business Entity Name)

(Document Number)

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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: November 11, 2022

AE: Christopher Gonzalez

TO: Florida Division of Corporations 4947

REFERENCE: 1856384

THE CENTRE OF TALLAHASSEE

2415 N. MONROE STREET, SUITE 810

TALLAHASSEE, FL 32303

FAX:

PLEASE PERFORM THE FOLLOWING:

**PALMS COVE LOT 2, LLC**

**File Change of Registered Agent**

**IN: FL**

**PLEASE RETURN:**

**PLEASE CALL (800)533-7272 ATTN: Christopher Gonzalez TO CONFIRM FILING RESULTS**

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
(800)533-7272



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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PALMS COVE LOT 2, 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:

CHRISTOPHER GONZALEZ

\_\_\_\_\_  
Name of Person

PARACORP INCORPORATED

\_\_\_\_\_  
Firm/Company

2804 Gateway Oaks Drive #100

\_\_\_\_\_  
Address

Sacramento, CA 95833-4346

\_\_\_\_\_  
City/State and Zip Code

PARACORP@MYPARACORP.COM

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

For further information concerning this matter, please call:

Cameron Hemphill

801

75508379

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 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. Name of the limited liability company: PALMS COVE LOT 2, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)

455 N. COUNTY HIGHWAY 395 LOT 2

13 Heartwood St

SANTA ROSA BEACH, FL 32459

Inlet Beach, FL 32461

07/19/2022

L22000320362

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CORPORATION SERVICE COMPANY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYS STREET

TALLAHASSEE, FL 32301

2022 NOV 18 PM 5:12 TALLAHASSEE, FLORIDA

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Paracorp Incorporated

NEW Registered Office Address:

155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

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.

DocuSigned by: Cameron Hemphill Signature of a member or authorized representative of a member

Cameron Hemphill 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 605, 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.

Jose Gomez, Assistant Secretary Signature of Registered Agent