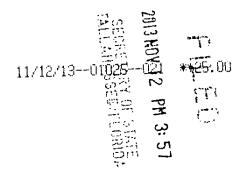
## L13000136181

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Paramount 25 Name of Limited	ROG, UC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Maria Fernanda Benitez Name of Person		
Fini/Company		
520 Brickell Key Dr G-	12 <b>78</b>	
City/State and Zip Code  Mf Denity 7 6 Ward and  E-mail address: (to be used for fifture annual report notification	hema.com	
For further information concerning this matter, please call:		
Vilma Benitcz at (305) 3749767  Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon 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:		
<b>⊠</b> \$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 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. Name of the limited liability company:	amount 2206, LC
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	520 Bricky Key Drive #0-365 Mani, Fr 33131
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	(sarve)
9/27/13	L13000136781
3. Date of filing/registration in Florida 4	Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Maria Fernanda Benitcz
Registered Office Address:	500 Brickell Key Dr. #0-305
	Man, FL 331312
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address: 7
NEW Registered Agent:	Vilma Benitaza 3
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	(Sance) Sign Sign Sign Sign Sign Sign Sign Sign
If the limited liability company is not organized under the knowledge of that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member  Handa Funanda Benitz	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company.  Signature of Registered Agent  Division of Corporations, P.O. Box 63	sper and complete performance of my duties, sition as registered agent as provided for in relivence of the registered office vias been notified in writing of this change.

**FILING FEE: \$25.00**