

(Rec	questor's Name)				
(Add	iress)				
(Add	iress)				
(City	//State/Zip/Phone	: #)			
PICK-UP	MAIT WAIT	MAIL			
(Bus	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



200323956732

19 FEB 20 AH 9: 10

FEB 2 1 2019 S. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 632750 8084354								
AUTHORIZATION :								
COST LIMIT : \$35.00								
ORDER DATE : February 14, 2019								
ORDER TIME : 9:52 AM								
ORDER NO. : 632750-005								
CUSTOMER NO: 8084354								
CHANGE OF AGENT								
NAME: ELLA PARADIS INC.								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Emily Croft								
EXAMINER'S INITIALS:								

COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJ	Ella Paradis Inc.						
	Name of Corporation						
DOC	JMENT NUMBER:						
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	Andreas Bergmann						
	Name of Contact Person						
	Ella Paradis Inc.						
	Firm/Company						
255 Alhambra Circle, Suite 320							
	Address						
	Coral Gables, FL 33134						
City/State and Zip Code							
	andreas@ellaparadis.com						
	E-mail address: (to be used for future annual report notification)						
	rther information concerning this matter, please call:						
Rami ^v	√argas 305 505-2410 at ()						
	Name of Contact Person Area Code & Daytime Telephone Number						
Enclos	sed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle						
	Tallahassee, FL 32301						

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

statement of cha	nge is submitted for a	607.0502, 617.0502, 60 corporation organized eed office or registered (under the la	iws of the State o	DELAWARE
1. The name of t	he corporation: ELLA	PARADIS INC.			
		.HAMBRA CIR. STE 32	20		
	BLES FL 33134-7402			<u>.</u>	
3. The mailing a	ddress (if different):				
4. Date of incorp	ooration/qualification:	09/15/2015	Document	number: F1500	0004502
	street address of the c tment of State: (If resi	current registered agent gned, enter resigned)	and register	red office on file	with the
	BUSINESS FILINGS	INCORPORATED			
			-		19 TALL
	Plantation		FL	33324	
6. The name and (if changed):	street address of the r	new registered agent (if	changed) ar	nd /or registered o	三百万 臺灣
	Corporation Service	Company			
	1201 Hays Street				, D . O
		P.O. Box NOT accept		•	_
	Tallahassee	.	FL	32301	_
The street addre as changed will	ss of its registered off be identical.	ice and the street addre	ess of the bu	asiness office of	its registered agent.
Such change wa authorized by th	s authorized by resolute board, or the corpor	ition duly adopted by it ation has been notified	s board of a in writing	directors or by ar of the change.	i officer so
	<i>Y</i>		ndreas Berg	-	CFO
I hereby accept to I further agree to performance of to agent. Or, if this	o comply with the promy duties, and I am fa s document is being fi	gistered agent and agr visions of all statutes r miliar with and accept led merely to reflect a	ee to act in elative to th the obligat change in t	he proper and co tion of my position he registered off	mplete on as registered
hereby confirm t	that the corporation h Service Compar	as been nolified in wrii	ting of this	change.	
By: mil	ajurk of Registered Agent		19 /2019	Date	_ .
It signing on bell Emily (nalf of an entity:			-	
Asst. Vices	Riesiden Name				

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