APPRUYE.

| Mailing Address 15th FORM PLACE STE 100 WEST PAIN BEACH R. 33c0 2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & Stat | DOCUMENT # L0000002481* 1. Entity Name PARCEL F, LLC | | | | | | AND FILED OI JUN -8 PM 2: 46 SECRETARY OF STATE | | | | |
|---|---|--|--------------------------|--------------|---|-------------------------------|---|--------------------------|-----------------|-----------------------|--|
| WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 Z. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. City & State BROCK, ANDREW State Address of Current Registered Agent Name BROCK, ANDREW State Address (PO. Box Number's Not Acceptables) FL Zip Code WEST PALM BEACH FL 33401 City & State City & State City & State BROCK, ANDREW State Address (PO. Box Number's Not Acceptables) FL Zip Code B. The above named critily submits this stallarront for the purpose of changing its registered agent, or born, in the State of Princip. B. The above named critily submits this stallarront for the purpose of changing its registered agent, or born, in the State of Princip. B. The above named critily submits this stallarront for the purpose of changing its registered agent, or born, in the State of Princip. B. The above named critily submits this stallarront for the purpose of changing its registered agent, or born, in the State of Princip. B. The above named critily submits this stallarront for the purpose of changing its registered agent, or born, in the State of Princip. B. The above named critily submits this stallarront for the purpose of changing its registered agent, or born, in the State of Princip. B. The above named critily submits this stallarront for the purpose of changing its registered agent, or born, in the State of Princip. B. The above named critily submits this stallarront for the purpose of changing its registered agent, or born, in the State of Princip. B. The above named critily submits this stallarront for the purpose of changing its registered agent, or born, in the State of Princip. B. The above named critily submits this stallarront for the purpose of changing its registered age | Principal Place of Business Mailing Address | | | | | \dashv | FALLIAHASSEE, FLORIDA | | | | |
| Sure, April, etc. Suite, April, etc. Suite, April, etc. DO NOT WRITE IN THIS SPACE | | | | | | | | • | | | |
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| Zip Country Zip Country S. Certificate of Status Desired S. S. Ob Additional Fee Reported 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROCK, ANDREW 1551 FORUM PLACE, STE 100 WEST PALM BEACH FL 33401 City FL Zip Code 8. The above named entity submiss his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE | Suite, Apt. #, etc. Si | | Suite, Apt. #, etc | | | | DO NOT WRITE IN THIS SPACE | | | | |
| S. Country | City & State C | | Dity & State | | | 4. FEI N | umber 65-100 | 208 | a Ar | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROCK, ANDREW 1551 FORUM PLACE, STE 100 WEST PALM BEACH FL 33401 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fourida. SIGNATURE | Zip | Country | Zip Count | | ntry | 5. Certi | 5 Certificate of Status Desired \$5.00 Additiona | | ditional | | |
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| FILE NOW!! FEE IS \$30.00 | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | | | 8 | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on the information i | CITY-ST-ZIP | | | | | | | _ | | | |
| | 11. I hereby of indicated | certify that the information supplied with this fill on this report is true and accurate and that fill | ing does not qualify for | the exe | mption stated in e legal effect as i | Section 119.0 f made under | 7(3)(i), Florida Statutes. I fu oath; that I am a managing | irther certi g member | ify that the in | formation r of the | |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING WANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date