LUZUEE 19558

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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19 MAR 13 PMI2: 23

2a change



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: Ma

March 06, 2019

AE:

Kerra Childress

TO:

Registration Section Division of

H1039

REFERENCE:

1264815

Corporations

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX:

PLEASE PERFORM THE FOLLOWING:

OLD DOMINION LAND, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Please file routine. One plain copy.

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Kerra Childress TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

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

TO MAR 12 PH 12: MET

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. 1	Name of the limited liability company:Old D	ominion	Land, LLC
2. (a)	Principal office address of limited liability company:	_ (b)	Mailing address of limited Hability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	3321 N BUFFALO DRIVE STE 200		
	LAS VEGAS, NV 89129		
	08/01/2002		L02000019558
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
J. (U	Registered Agent and Registered Office shown on the records of the	e Florida Dept.	of State:
	T & S REGISTERED AGENTS, LLC		
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)	
	925 S. FEDERAL HIGHWAY STE 500		
	BOCA RATON ,FL_	33431	
	,,		
(b)			φ Ω. ————————————————————————————————————
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:	——————————————————————————————————————
	Paracorp Incorporated		$\overline{\omega}$
	NEW Registered Office Address:		
	155 Office Plaza Drive, 1st	Floor	PM 12: 23
	TALIAHASSEE ,FL_	32301	<u></u> Ω
it the ii he cha	imited Hability form any is not organized under the laws nge or change, are made, the Florida street address of th	of the State e registered	office and the business office of the registered
agent v	nge or change are made, the Florida street address of the vill be identical. Gr, in the case of a Florida limited liabiter authorized by a affirmative vote of the members of t	lity compan	y, it is hereby confirmed that the change(s)
he arti	the of prestutation or the operating agreement of the lin	nited liabilit	y company.
- 1	' V/ /W/	5	Do A Smith
` \	und t a member or authorized representative of a member		Printed or typed name of signac
l hereb provision he obli o mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete period in the proper and complete period in the proper and complete period in the registered agent as provided for the property of the propert	to act in this rformance o or in Chapte eby confirm	s capacity. I further agree to comply with the f my duties, and I am famillar with and accept ir 605, F.S. Or, if this document is being filed that the limited liability company has been
ngnatur	Tady Moua, fist, Jecretary	-	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00