## L040000 46577



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## 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. The name of the limited liability company is: PARA dign Solvins, LLC
2. The mailing address of the limited liability company is: 1673 560 157 way # A
Derricht Black, Fla. 384
2/11/05 L04000046577  3. Date of filing/registration in Florida  4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
TC CHIN
Florida Department of State:  TC CHIN  Name  1673 SW 157 Way # A-1 258  Address  Department of State:  City, State and Zip  The Company of the control of th
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:    Corge Schen   Part   Part   Part
Deretield Bith 3344/
City, State and Zip
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.  (Signature of a member or authorized representative of a member)
George Schen
(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 608, F.S. Or, if this document is being filed to inerely reflect a change in the registered office address, I pereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)