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N. CAUSSEAUX

AUG 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Paratus Group, LLC (Name of Lim	ited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Eddy S. Hand (Name of Person)		
Paratus Group, LLC		
(Firm/Company)		
2842 Broward Road		
(Address)		
Jacksonville, Florida 32218		
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
Eddy S. Hand	904) 551.6873	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton 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 a	mount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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: Paratus Group, LLC		
2. The mailing address of the	he limited liability	company is: 2842 Broward Ro	oad	
Jacksonville, Florida 3221	18			
		L04000086033		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the registere Florida Department of Sta		egistered office address as shown	on the records of the	
5	Shahzad Chau	udhry	•	
-		Name	-	
2	2842 Broward F	Road	. 2 8	
-		Address	and the second	
J	lacksonville, Flo	orida 32218 ty, State and Zip	1 1 1 1 1 1 1 1 1 1	
	Ci	ty, State and Zip		
Jacksonville, Florida 32218 City, State and Zip 6. The name and address of the new registered agent and/or office:				
E	ddy S. Hand			
_	•	Name	LONDA STATS 1: 44	
2	842 Broward R	Road		
	Florida street addr	ress (P.O. Box NOT acceptable)		
J	acksonville	FL 32218		
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) Eddy S. Hand				
(Printed or tuned name of signes)				

(Signature of Registered Agent)

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 Chapter 608, F,S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.