## LD6000043589

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:

L. SELLERS

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**EXAMINER** 

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Paraclete Properties, LLC (Name of	Limited Liability Company)			
`	• • •			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
Mary Jo Elkins				
(Name of Person)				
Underwood & Roberts, PLLC				
(Firm/Company)				
3110 Edwards Mill Road, Suite 100				
(Address)				
Raleigh, NC 27612				
(City/State and Zip Code)	<del></del>			
For further information concerning this ma	atter, please call:			
Mary Jo Elkins	at (919 ) 664-8803			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the follow	ring amount:			
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

## 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 limit	ed liability comp	any is: Parad	clete Properties, LLC			
2. The mailing address of	of the limited liab	ility compan	y is : Seafoam Village, Un	it 111		
Englewood, FL 34224						
4/20/2002			L06000043589			
3. Date of filing/registration in Florida			4. Document nun	ıber		
5. The name of the regist Florida Department of		e registered	office address as shown o	on the recor	ds of tl	he
	Jack Boyer					
		Nam				
	1460 South Mo	· ·			٠	
	Formation and Fil	Addre	ess			
	Englewood, FL	City, State	and 7in			
		-	-	ZSE	200	
6. The name and address	of the new regist	ered agent a	nd/or office:	L CR	2008 <b>May</b>	-
	Jack Boyer			ECRETARY LAHASSEI	AY -	
		Name		SSE	S <sub>1</sub>	
	Seafoam Village, Unit 111			m Q	<b>≥</b>	
	Florida street	address (P.O	. Box NOT acceptable)	S	AR	O
	Englewood,	FI.	34224	OF STATE	: 36	
	<del></del>	City, State a	-		Q1	
TO 3 11 1 11 1 11 1 11 1		• .	•	21 11 1/1	, ,	
confirmed that after the and the business office of the lity company, it is he	change or change of the registered a ereby confirmed mited liability co	s are made, t gent will be i that the chan mpany or as	the laws of the State of F he Florida street address identical. Or, in the case ge(s) was/were authorize otherwise provided in the pany.	of the regist of a Florida d by an affi	tered o limite rmativ	office ed e vote
(Signature of a member a putho	orized representative of	a member)	<del></del>			
Jack Boyer						
(Printed or typed name of signe	<i>b</i>					
I hereby accept the apper comply with the provision and Lambsoniliar with a Chapter too S. Or, if address, I hereby confirm (Signature of Registered Agos)	ointment as registins of all statutes and accept the oblinities document is that the limited	tered agent of relative to the igations of m being filed to liability com	and agree to act in this ca e proper and complete p by position as registered a o merely reflect a change pany has been notified in	pacity. I fu erformance igent as pro in the regis i writing of	rther a of my o vided stered this ch	igree to duties, for in office ange.
(= 3						

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

INHS18 (8/05)