L0000047914

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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Paraclete and Partners, LLC (Name of L	imited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Mary Jo Elkins (Name of Person)	<u>.</u> 			
Underwood & Roberts, PLLC (Firm/Company)	-			
3110 Edwards Mill Road, Suite 100				
(Address) Raleigh, NC 27612				
(City/State and Zip Code)				
For further information concerning this matter	er, please call:			
Mary Jo Elkins	at (919) 664-8803			
(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 followin	g amount:			
\$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 limite	ed liability company is	Paraclete and Pa	artners, LLC			
2. The mailing address o	f the limited liability c	company is : Sea	foam Village, Unit 111			
Englewood, FL 34224						
5/9/2000		LO	06000047914			
3. Date of filing/registrat	tion in Florida	4.	Document number			
5. The name of the register Florida Department of	ered agent and the regi	istered office add	lress as shown on the	e records	s of the	
•	Jack Boyer					
		Name				
	1460 South McCall					
		Address				
	Englewood, FL 342	23 , State and Zip		₹s	20	
	City	, State and Zip			8	
6. The name and address	of the new registered	agent and/or offic	ce:	AHAS AHAS	2008 HAY -	
	Jack Boyer			SEX	ည	
	0	Name		<u> </u>		M
	Seafoam Village, Un			5		
	Florida street addre	ss (P.O. Box NO	T acceptable)		: 33	
	Englewood,	FL 34224				
	City,	State and Zip				
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the opening agreement	hange or changes are a f the registered agent we breby confirmed that the mited liability compan	made, the Florida vill be identical. ne change(s) was, y or as otherwise	a street address of the Or, in the case of a lead were authorized by	e registe Florida l an affiri	red offi limited native v	vote
(Signature of a member of assets	rized representative of a mem	iber)				
Jack Boyer						•
(Printed or typed name of signee						
I hereby accept the appo comply with the provision and term familiar with ar Chapter 1988, F.S. Or, if address, I have by confirm	nintment as registered ns of all statules relati nd accept the obligatio this document is being n that the limited liabil	agent and agree ve to the proper ons of my position of filed to merely the lity company has	to act in this capacit and complete perfor as registered agent reflect a change in th been notified in writ	ty. I furt mance of as prov ting of the	ther agn f my du ided for ered off his chan	ee to ties, r in fice ige.
(Signature of Registered Agent)						
Division	on of Corporations, P	P.O. Box 6327, T	'allahassee, FL 323	14		

FILING FEE: \$25.00

INHS18 (8/05)