10000047918

(Requestor	s Name)	
(Address)		
(Address)		
(City/State/Z	Zip/Phone #)	
PICK-UP V	VAIT MAIL	
(Business Entity Name)		
. (Document Number)		
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EXAMINER

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SECRETARY OF STALE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Paraclete Investors, LLC (Name of Limited I	(iability Company)	
(Name of Elimited)	Sidomity Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter 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)		
For further information concerning this matter, pleas	e call:	
Mary Jo Elkins at (91		
(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 following amou	int:	
\$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 limited liability company is	S: Paraclete Investors, LLC	
2. The mailing address of the limited liability of	company is : Seafoam Village, Un	it 111
Englewood, FL 34224		
5/9/200U	106000047918	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown o	on the records of the
Jack Boyer		
	Name	
1460 South McCall		
	Address	•
Englewood, FL 34223		= ~
City	y, State and Zip	SE E
6. The name and address of the new registered agent and/or office:		2008 HAY SECRETA
Jack Boyer		AR SS
Name Seafoam Village, Unit 111		11 B-12
Florida street addre	ess (P.O. Box NOT acceptable)	AMII: 40 De state . Florid:
	•	≅ ≓ ±
Englewood,	FL 34224	
City,	State and Zip	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that to of the members of the limited liability compar or the penning agreement of the limited liability.	made, the Florida street address will be identical. Or, in the case he change(s) was/were authorized or as otherwise provided in the	of the registered office of a Florida limited
(Signature of a member or authorized representative of a mer	nber)	
Jack Boyer		
(Printed or typed name of signee)		
I hereby accept the appointment as registered comply with the provisions of all statutes related and I san familiar with and accept the obligation Chapter 1888, F.S. Or, if this document is being address, I he to be confirm that the limited liability	agent and agree to act in this ca ive to the proper and complete po ons of my position as registered of g filed to merely reflect a change lity company has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
(Signature of Registered Ngan		
	P.O. Box 6327, Tallahassee, FL NG FEE: \$25.00	32314

INHS18 (8/05)