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JUN -3 2014

R. WHITE

COVER LETTER

TO: Registration Section

Divi	sion of Corporations				
SUBJECT:	PARRON & ASSOCIATES, PL				
SUBJECT	Name of Limited Liability Company				
Dear Sir or N	∕ladam:				
The enclosed	l Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to the	following:		
IVAN J. P/	ARRON				
;	Name of Person		_		
PARRON	& ASSOCIATES, PL				
	Firm/Company		_		
175 SW 7	TH STREET, SUITE 1210				
	Address				
MIAMI, FL	33130				
	City/State and Zip Code				
	ONLAW.COM				
E-mail	address: (to be used for future annu	ual report notifi	cation)		
For further in	nformation concerning this matter,	please call:			
IVAN J. PA	ARRON	305	851-2320		
	Name of Person		Area Code & Daytime Telephone Number		
STR	EET/COURIER ADDRESS:	MAILING ADDRESS:			
_	stration Section	Registration Section			
	sion of Corporations	Division of Corporations			
	on Building	P.O. Box 6327			
	Executive Center Circle shassee, Florida 32301	Tallahassee, Florida 32314			
Encl	osed is a check for the following	amount:			
2 \$2	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	Name of the limited liability company: TAKKON & ASSOCIA		175 SW 7TH STREET, SUITE 1210		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI, FL 33130	MI.	AMI, FL 33130		
	05/15/2006	L06	000050095		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	P & A REGISTERED AGENTS, LLC				
J. (a)	Registered Agent and Registered Office shown on the record	s of the Florida Dept.	of State:		
	175 SW 7TH STREET				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)			
	SUITE 1810				
	MIAMI	FL 33130			
		, r.b	, , , , , , , , , , , , , , , , , , , 		
(b)	P & A REGISTERED AGENTS, LLC	<u> </u>			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address:	200 B		
	175 SW 7TH STREET		in the second of		
	NEW Registered Office Address:				
	SUITE 1210		——————————————————————————————————————		
	MIAMI	FL 33130			
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limits ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the registered d liability compan is of the limited l the limited liabili	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
_	ture of a member or authorized representative of a member	-	Printed or typed name of signee		
I here provisi the obi to mer notifie	by accept the appointment as registered agent and ions of the statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act in th lete performance vided for in Chapt s, I hereby confire	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been		
Signatur	are of Registered Agent				
SIRING					
	Division of Corporations ◆ P. FILING	O. Box 6327• Ta G FEE: \$25.00	illahassee, FL 32314		