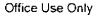
10600110178

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Dunings Estitublems)								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
<u></u>								





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09/16/19--01027--034 **

2019 SEP 16 PH 1: 05

SULKER
SEP 2 5 2019

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJE							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ne of Limited L	iability Company				
Dear Si	ir or Madam:						
The end	closed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
Derek	c P. DiDonato						
	Name of Person		. 				
Parad	lise Closets and Storage, LLC						
	Firm/Company	· · · ·					
12 Ch	octawhatchee Rd						
_	Address						
Ft. Wa	alton Beach, FL 32548						
	City/State and Zip Code		<u> </u>				
Derek	@ParadiseClosets.com						
E	-mail address: (to be used for future ann	ual report noti	fication)				
For fur	ther information concerning this matter,	please call:					
Derek	P. DiDonato	850	218-8749				
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassee, Florida 32314				
	Enclosed is a check for the following	closed is a check for the following amount:					
	□ \$25 Filing Fee	⊿ s	55 Filing Fee & Certified Copy				
INHS18	3 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liabilit submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

. Ni	ime of the limited liability company:	Paradise Closets and Storage, LLC						
2. (a)	42 Paradise Point Rd				adise Point Rd			
(u)	Principal office address of limited l (Note: MUST BE STREET		(Mailing address o			
	Shalimar, FL 32579			Shalima	mar, FL 32579			
	Nov 14, 2006			L060001	10178			
٠.	Date of filing/registration i	——————————————————————————————————————	4.		Document nu	mber		
	Phillip D. DiDonato	iii i ioitaa			1.00			
. (a)	Registered Agent and Registered Office sho							
	42 Paradise Point Rd	will the feether.						
	Registered Office Address (MUST BE							
	<u></u>			_				
	Shalimar		32579		_	 ,	2019	
(b)	Derek P. DiDonato						2013 SEP 16	
(0)	Enter name of NEW Registered Agent and							
	12 Choctawhatchee Rd			PH 1: 05				
	NEW Registered Office Address:					Jr.	: 05	
	Ft. Walton Beach		FL_32548	<u> </u>	_			
the l	imited liability company is not orgainge or changes are made, the Florid	nized under the	laws of the	State of F	Torida, it is here ce and the busin	eby confirm	ed that	
gent v /as/w/ ne arti	will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	a Florida limited e of the member g agreement of t	Hiability co is of the lin he limited	ompany, it nited liabili	is hereby confi ity company or	irmed that th	ie char	
	ture of a member or authorized representative		Phi	llip D. Dil		<u>.</u>	<u></u> _	
	√				Printed or type	_		
rovisi he obl mer	by accept the appointment as register ions of all statutes relative to the pro- ligations of my position as registered ely reflect a change in the registered of in writing of this change.	ered agent and comple oper and comple of agent as provi office address.	agree to ac ele perform ided for in . I hereby c	t in this cap vance of my Chapter 60 onfirm tha	pacity. I furthe duties, and I o 15, F.S. Or, if t t the limited lia	er agree to c im familiar his documen ibility compo	omply with a it is be any ha	
<u>((/ /</u>	re of Registered Agent	·						

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