

Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.  
Account Number : 120160000086  
Phone : (561)508-5033  
Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**LLC REGISTERED AGENT CHANGE  
PARADISE FAMILY, LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

2022 MAY 12 PM 4:55

**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.

1. Name of the limited liability company: Paradise Family, LLC

2. (a) 150 Rainville Road Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)  
Tarpon Springs, FL 34689

(b) 150 Rainville Road Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)  
Tarpon Springs, FL 34689

3. 12/13/2006 Date of filing/registration in Florida

4. L06000118830 Document number

5. (a) Glenn Bergoffen  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
150 Rainville Rd  
Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)  
Tarpon Springs, FL 34689

(b) United Agent Group Inc.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
801 US Highway 1  
**NEW Registered Office Address**:  
North Palm Beach, FL 33408

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jenisa Irizarry Signature of a member or authorized representative of a member  
Jenisa Irizarry, Attorney-in-Fact Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jenisa Irizarry Signature of Registered Agent  
Jenisa Irizarry, Special Secretary