Division of Corporations

→ 18506176383



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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

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LLC REGISTERED AGENT CHANGE PARADISE FAMILY, LLC

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Page Count	02
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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.

. Na	me of the limited liability company: Paradise Family, I	LLC			
(a)	150 Rainville Road		(b) 150 Rainville Road		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Tarpon Springs, FL 34689		Тагря	on Springs, FL 34689	
	12/13/2006		 L0600	0118830	
	Date of filing/registration in Florida	- 4.		Document number	
4.3	Glenn Bergoffen				
. (a)	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	a delegas		
	801 US Highway 1	Conice :	<u>uurtss</u> .		
	NEW Registered Office Address:				
	North Palm Beach , FL	33408			
iange gent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the register ability of the li	ne State ered offic company mited li	ce and the business office of the registered v, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
	Janisa Trizarry fure of a member orgathorized representative of a member	Je	nisa Iriza	arry, Attorney-in-Fact	
_				Printed or typed name of signee	
rovisi 1e obl 1 mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I i d in writing of this change.	nertor	manee a	i my mines-ana i am iaminar wun ana accep	
iigy y tu	enisa Trizarry Jenisa Irizarry, Spec re of Registered Kylent	cial Sec	eretary		