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(Requestor's Name)	//
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D PICK-UP WAIT MAIL	ı
(Business Entity Name)	
(Document Number)	
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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: Parylak Enterprises LLC (Name of Lin	nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Edward F. Augustyniak	
(Name of Person)	
(Firm/Company)	
6106 Waters Way	
(Address)	
Spring Hill, FL 34607	
(City/State and Zip Code)	
For further information concerning this matter, pla	ease call:
Edward F. Augustyniak at (352) 683 1838
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
	☐ \$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. Name of the limited liability company: Parylak Enterprises LLC	
 (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: 	Spring Hill, FL 34608
(Note: MAY BE POST OFFICE BOX)	
October 23, 2007	L07000107385
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hays Street
	Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Edward F. Augustyniak
NEW Registered Office Address:	6106 Waters Way
(MÜST BE FLORIDA STREET ADDRESS)	Spring Hill, FL 34607,FL
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	ree laws of the State of Florida, it is hereby confirmed reet address of the registered office and the business case of a Florida limited liability company, it is d by an affirmative vote of the members of the limited s of organization or the operating agreement of the
(Signature of a member or authorized representative of a member)	SSE S
Edward F. Augustyniak & Patricia M. Augustyniak (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pam familiar with and accept the obligations of my position of this document is being filed to merely reflect confirm that the limited liability company has been notificated.	l agree to act in this capacity. I further agree to proper and complete performance of my Atties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby lied in writing of this change.
(Signature of Registered Agent)	

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