L1000003479

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





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12/28/17-01021--015 **25.00

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December 29, 2017

007890052400671 PARACORP INCORPORATED 2804 GATEWAY OAKS DR #100 SACRAMENTO, CA 95833

SUBJECT: NEWPORT HOMES OF CENTRAL FLORIDA, LLC

Ref. Number: L10000023679

We have received your document for NEWPORT HOMES OF CENTRAL FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 217A00026325

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		;		
Newport Homes of Central Flori	ida, LLC			
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for I	īling.		
Please return all correspondence concerning this ma	atter to the following:			
Destiny Baylor				
Name of Person				
Paracorp Incorporated				
Firm/Company		,		
2804 Gateway Oaks Dr #100		i		
Address		ì		
Sacramento, CA 95833				
City/State and Zip Code				
paracorp@myparacorp.com				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, ple	ase call:	``		
Destiny Baylor	800 533-7272			
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	Enclosed is a check for the following amount:			
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified	I Сору		
S18 (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.

1 No	ame of the limited liability company: Newport Hon	nes of Central Florida, LLC
	465 WEST WARREN AVENUE	(b) 465 WEST WARREN AVENUE
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)
	LONGWOOD, FL 32750	LONGWOOD, FL 32750
	03/02/2010	L10000023679
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of	s of Central Florida, The Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)
	390 North Drange A	venue suite 1400
	<u>brilando</u> , Fi	3290\
(b)	Paracorp Incorporated	N SS S S S S S S S S S S S S S S S S S
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:
	155 Office Plaza Drive, 1st Floor	
	NEW Registered Office Address:	Ref. 5
	Tallahassee, F	L32301
the chagent	nange or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited I	two of the State of Florida, it is hereby confirmed that after if the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.
	nature of a member or authorized representative of a member	Anthony W. Justice Printed or typed name of signee
I herovi. he ot	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, t ed in writing of this change.	gree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
	ture of Registered Agent Milton Voney, Assis	stant secretary
		Box 6327 • Tallahassee, FL 32314