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(Cit	y/State/Zip/Phone	#)			
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
Parity LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	to the following:
Cynthia Davies	
Name of Person	
Cindy's Florida LLC	
Firm/Company	
8051 N. Tamiami Trail STE E6	
Address	
Sarasota, Florida, 34243	
City/State and Zip Code	
reports@cloudpeaklaw.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	ill:
Cynthia Davies 72	7 300-0042
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	:
■ \$25 Filing Fee	☐ \$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 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. Na	me of the limited liability company: Parity LLC				
2. (a)	8051 N. Tamiami Trail STE E6	a	(b) 8051 N. Tamiami Trail STE E6		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	-,_	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sarasota, Florida, 34243		-	Sarasota, Flo	orida, 34243
	07/27/2010		L	100000791	00
 (a) 	Date of filing/registration in Florida INCORP SERVICES, INC.	4.		Ī	Document number
J. (B)	Registered Agent and Registered Office shown on the records of the 3458 LAKESHORE DRIVE	he Florid	la D	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRES.	S)		_
	TALLAHASSEE, FL_	32312			PIL 2023 AUG 17 SECRETARY
(b)	Enter name of NEW Registered Agent and/or NEW Registered Cindy's Florida LLC	Office ac	ddro	<u>ess</u> :	TILED 17 PMI2: 07
	NEW Registered Office Address: 8051 N. Tamiami Trail STE E6				07
	OUST IN. Talinamit Itali STE EU				
	Sarasota, FL	34243	_		
change agent v was/we the arti	imited liability company is not organized under the law e 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	register bility co f the lin	red om nite	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	thia Davies	Су	nthi	a Davies, M	
I here provisi the obline to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. This Davies The of Registered Agent	ee to ac perform I for in v ereby c	et in ian Che conj		Printed or typed name of signee city. I further agree to comply with the uties, and I am Jamiliar with and accept F.S. Or, if this document is being filed the limited liability company has been
yy gnatu	ire of Registered Agent				