

L10000118231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

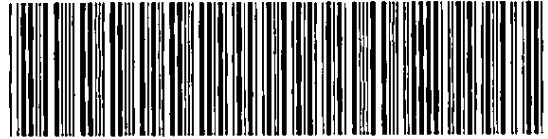
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SECRETARY OF STATE
TALLAHASSEE, FLOR.

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 415075 8307562

AUTHORIZATION :



COST LIMIT : \$25.00

ORDER DATE : January 26, 2023

ORDER TIME : 5:21 PM

ORDER NO. : 415075-010

CUSTOMER NO: 8307562

CHANGE OF AGENT

NAME: PARADY TAX SOLUTIONS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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: <u>PARADY TAX SOLUTIONS</u>	
2. (a) <u>340 HEALD WAY</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>SUITE 226</u> <u>THE VILLAGES, FL 32163</u>	(b) <u>340 HEALD WAY</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>SUITE 226</u> <u>THE VILLAGES, FL 32163</u>
3. <u>11/15/2010</u> Date of filing/registration in Florida	4. <u>L10000118237</u> Document number
5. (a) <u>PARADY, GREGORY J</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>340 HEALD WAY</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>SUITE 226</u> <u>THE VILLAGES</u> , FL <u>32163</u>	
(b) _____ Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee</u> , FL <u>32301</u>	

2023 JAN 27 AM 8:38
SECRETARY OF
STATE
TALLAHASSEE, FL

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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.

<u>/s/Natalie Logan</u> Signature of a member or authorized representative of a member	<u>Natalie Logan, Authorized Person</u> Printed or typed name of signee
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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.

<u>/s/Grace E. Kirby</u> Signature of Registered Agent	<u>Grace E. Kirby, Asst Vice President</u>
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