

L10000124194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

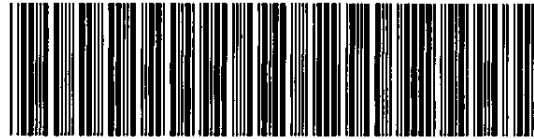
(Business Entity Name)

(Document Number)

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FILED  
14 MAY -2 AM 11:33  
SECTION 1001 OF STATE  
TALLAHASSEE, FLORIDA

R/ACHg  
MAY 06 2014  
R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
14 MAY -2 PM 12:33

April 8, 2014

SAMIEL JOHNSON  
507 MACCHI AVE  
OAKLAND, FL 34787

SUBJECT: MTAC PARADIGM GROUP LLC  
Ref. Number: L10000124194

We have received your document for MTAC PARADIGM GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 314A00007544

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MTAC PARADIGM GROUP LLC  
Name of Limited 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 matter to the following:

SAMUEL JOHNSON  
Name of Person

MTAC PARADIGM GROUP LLC  
Firm/Company

P.O. Box 37  
Address

OAKLAND, FL 34760  
City/State and Zip Code

Sam@mtacparadigmgroupllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMUEL JOHNSON  
Name of Person

at ( 407 ) 924-8645  
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 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. Name of the limited liability company: MTAC PARADISE GROUP LLC

2. (a) 507 MACCHI AVE, OAKLAND FL (b) P.O. Box 37, OAKLAND, FL  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

34787 34760

3. 12/2/2010 4. L10000124194  
Date of filing/registration in Florida Document number

5. (a) SPIEGEL & UTRERA, P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1840 SOUTHWEST 22ND ST. 4TH FLR  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
MIAMI, FL 33145  
\_\_\_\_\_, FL

(b) NICOLE McLAREN  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

338 N. MAGNOLIA AVE  
NEW Registered Office Address:  
ORLANDO, FL 32801

FILED  
14 MAY 3 AM 11:32  
TALLAHASSEE, FLORIDA

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.

Samuel Johnson  
Signature of a member or authorized representative of a member

SAMUEL JOHNSON / OMGR  
Printed or typed name of signer

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.

Samuel Johnson  
Signature of Registered Agent