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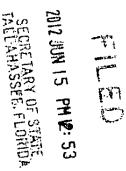
. (Requestor's Name)						
- (Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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T. CLINE

JUN 18 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			e*		
SUBJ			SO FAF			
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered (Office C	hange and	fee(s) are submitted	d for filing.	
Pleas	e return all correspondence concerning	g this ma	tter to the	following:	-	
	LOURDES HERNANDEZ	<u> </u>				
	Name of Person					
	EL PARAISO FARM LLC					
	Firm/Company					
	241 NE 8TH ST Address					
	HOMESTEAD, FL 33030 City/State and Zip Code	l				
É	hernandezlourdes87@yahoo.	.com notification	1)		SECRET SATURATION	
For fi	urther information concerning this mat	ter, plea	se call:			
,	LOURDES HERNANDEZ	at (305_)	248-43	U0=== (τί— 20 γ″
	Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILII Registra Divisior P.O. Bo	Code & Daytime Telepho NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314	ne Namber C	J
	Enclosed is a check for the followi	ng amo	unt:			
	✓ \$25 Filing Fee		\$55 Fi	ling Fee & Certified	d Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fursuant 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.

ag	eni,	or voin, in the State of Fioriaa.				
1.	Nar	me of the limited liability company:	PARAISO FARM LLC			
2.	(a)	Principal office address of limited liability compa	any: 241 NE 8TH ST			
		(Note: MUST BE STREET ADDRESS)	HOMESTEAD, FL 33030			
_	(b)	Mailing address of limited liability company:	241 NE 8TH ST			
		(Note: MAY BE POST OFFICE BOX)	HOMESTEAD, FL 33030			
		03/11/2011	L11000031129			
3.	Dat	e of filing/registration in Florida	4. Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: MAXCELINO HERNANDEZ				
		Registered Office Address:	241 NE 8TH ST HOMESTEAD, FL 33030 2			
	(b)	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 5				
		NEW Registered Agent:	LOURDES HERNANDER 3			
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	241 NE 8TH ST			
an lia	onfirmed the state of the state	limited liability company is not organized under the med that after the change or changes are made, the business office of the registered agent will be ideally company, it is hereby confirmed that the change members of the limited liability company or as of operating agreement of the limited liability company.	ne laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization			

Signature of a member of authorized representative of a member

MAXCELINO HERNANDEZ

Printed or typed name of signee

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 608, F.S. On if this document is being filed to merely reflect a change in the registered office address I bereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INTEREST / 05/00\