11000051645

(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:				

Office Use Only



600259822776

2014 HAY -2 PM & 33

MAY 0 5 2015
T. LEIMIEUX



ACCOUNT NO. : 12000000195 REFERENCE : 117146 AUTHORIZATION COST LIMIT ORDER DATE: May 2, 2014 ORDER TIME : 2:57 PM ORDER NO. : 117146-005 CUSTOMER NO: 5012600 CHANGE OF AGENT NAME: PARAGON DEERFIELD, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Emily Gray -- EXT# 52925

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: PARAGON DEE	RFIELD,	, LLC
2. (a)	3984 W. HILLSBORO BLVD.	_ (b)) SAME
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:
	(NOIE: MUST DE STREET ADDRESS)		(<u>Note: MAY BE POST OFFICE BOX</u>)
	· · · · · · · · · · · · · · · · · · ·		
	DEERFIELD BEACH F 33442		
	05/02/2011		L11000051645
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SLPA, INC.		
	Registered Agent and Registered Office shown on the records of the	e Florida D	Dept. of State:
	201 NE 1ST AVËNUE		
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	
			AIR SIP SIL
	DELRAY BEACH , FL_	33444	
44.3			
(b) _	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O	ffice addre	ress'
•			- Control of the Cont
	1201 Hays Street		•
	NEW Registered Office Address:		
•	***************************************		AND THE PROPERTY OF THE PROPER
	Tallahassee Fi.	22204	
•	Tallahassee , FL_	32301	
f the lin	nited liability company is not organized under the laws	of the Sta	tate of Florida, it is hereby confirmed that after
	ge or changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited liab		
/as/wen	e authorized by an affirmative vote of the members of t les of organization or the operating agreement of the lin	he limited	ed liability company or as otherwise provided in
ie artici	es of organization or the operating agreement of the in	nitea nao	onity company.
Signatur	re of a member or authorized representative of a member	***************************************	Adrian Mijares Elizando Printed or riped name of signee
herehv	accent the appointment as registered agent and agree	to act in	n this canacity. I further garee to comply with the
rovisiói se oblic	as of all statules relative to the proper and complete per ations of my position as registered agent as provided f y reflect a change in the registered office address, I her	rformanc or in Cha	nce of my duties, and I am familiar with and acce
merely	or reflect a change in the registered office address, I her	reby confi	firm that the limited liability company has been
Signed	writing of this change.		o . O Waight
ignature	of Registered Agent Corporation Service Company E	BY:	Sue G. Knight Assistant Vice President
			ASSISTANT VICE I ISSISTANT

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