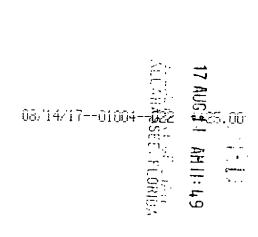
111000080435

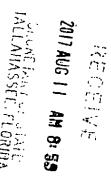
(Requestor's Name)	_
(requester a nume)	
· · · · · · · · · · · · · · · · · · ·	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
, , , , ,	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
,	
(D	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\neg
Special instructions to Filling Officer.	
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Office Use Only



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AUG 1 4 2017 Y SULKER



2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

Emily Smith

1088877

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

REFERENCE:

AE:

Date: August 07, 2017

TO Registration Section Division of

Corporations

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX:

PLEASE PERFORM THE FOLLOWING:

FLOOD ADVANTAGE PARTNERS LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

Service Description	Check Number	Name	Amount
Change of Registered Agent	655921	Registration Section Division of Corporations	\$25

H1039

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Emily Smith TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

COVER LETTER

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INHS18 (2/14)

TO: Registration Division o	on Section of Corporations				
Floo SUBJECT:	od Advantage Partners l	LC.			
	Nan	ne of Limite	d Liabi	lity Company	
Dear Sir or Madan	n:				
The enclosed Regi	stered Agent/Registered Off	ice Change	and fee	(s) are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to	the foll	owing:	
Emily Smith					
	Name of Person				
Paracorp Incorp	porated				
	Firm/Company				
PO Box 160568	8				
	Address				,
Sacramento, C	A 95816				17 AUG 11 AHII: 49
1	City/State and Zip Code				358.
annualreports@	@myparacorp.com				E. A.
E-mail addre	ss: (to be used for future ani	ual report n	otificat	ion)	ORIE
For further information	ation concerning this matter.	please call:	:		9.
Emily Smith		888	1	280.6563	
No	ame of Person	(, A	rea Code & Daytime Telepl	ione Number
Registration Division of Clifton Bu 2661 Exec	f Corporations		Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclosed	is a check for the following	amount:			
☑ \$25 Fili	ing Fee		355 F	iling 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: Flood Advar	ntage F	Part	ners LLC	
2. ((b)		
•		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing ad	dress of limited liability company: MAY BE POST OFFICE BOX)
		3250 N 29th Ave			3250 N 29th Av	e
		Hollywood, FL 33020			Hollywood, FL	33020
		7/13/2011		L	11000080435	
3.		Date of filing/registration in Florida	<u> </u>	_	·	ent number
5. (· ′a\	Corporate Creations Network Inc.				
J. ((a)	Registered Agent and Registered Office shown on the records of 11380 Prosperity Farms Road #221E Registered Office Address (MUST BE FLORIDA STREET)			Dept. of State:	٠٠٠
		Palm Beach Gardens , I	3341 L	0		TO AUG I I AM II: 49
(b)	D) .	Paracorp Incorporated Enter name of NEW Registered Agent and/or NEW Registered 155 Office Plaza Drive, 1st Floor NEW Registered Office Address:	ed Office	addi	ress:	AHIII:49
the cagen was/	hai t w	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members less of organization or the perating agreement of the	aws of the replication of the liability of the liability	giste con imit	tate of Florida, it is ered office and the apany, it is hereby ed liability compar	business office of the registered confirmed that the change(s)
	-	VIIB (Austra)			Christian, Mana	ager
Sig	nati	are of a member or authorized representative of a member			Printed or	r typed name of signee
prov the o to m	isic bli ere	y accept the appointment as registered agent and as ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, in in writing of this change.	gree to a e perfor led for in I hereby	ict i mar i Ch con	n this capacity. If, ace of my duties, ar apter 605, F.S. Of firm that the limite	urther agree to comply with the and I am familiar with and accept r, if this document is being filed ad liability company has been
Signa	atun	e of Registered Agent				
Mil	toi	n Vong, Assistant Secretary for Paracorp Inco Division of Corporations P.O.	rporate Box 63 :	:d 27•	Tallahassee, FL 3	32314

FILING FEE: \$25.00