

L11000138969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

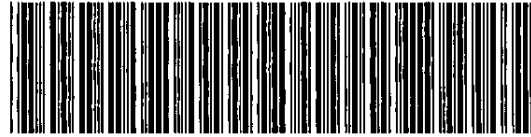
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400239883514

09/27/12--01018--018 \*\*25.00

FILED  
12 SEP 27 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 28 2012

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: N-PARADISE 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:

MIKE CHANDLER

Name of Person

WIRELESS PARADISE

Firm/Company

9377 SIX MILE CYPRESS

Address

SUITE 110

FORT MYERS, FL 33966

City/State and Zip Code

mike@wirelessparadise.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE CHANDLER

Name of Person

at ( 270 ) 268-8865

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 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.

1. Name of the limited liability company: N - PARADISE LLC
2. (a) Principal office address of limited liability company: 9377 SIX MILE CYPRESS PKWY  
SUITE 110  
FORT MYERS, FL 33966  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
12-9-11  
L 11000138969  
AS ABOVE  
FILED  
SEP 27 PM 12:19  
TALLAHASSEE, FL 32301
3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:  
Registered Agent: Corporation Service Company  
Registered Office Address: 1201 Hayes Street  
Tallahassee, FL 32301
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW** Registered Agent: JAMIE CHANDLER  
**NEW** Registered Office Address: 21172 PALESE DRIVE  
(**MUST BE FLORIDA STREET ADDRESS**) ESTERO, FL 33928

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.

Mike Chandler  
Signature of a member or authorized representative of a member

MIKE CHANDLER  
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 608, 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.

Jamie Chandler  
Signature of Registered Agent

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