

Li 2000015050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

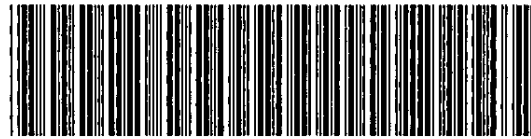
(Business Entity Name)

(Document Number)

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

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06/13/17--01020--001 \*\*500.00

2017 JUN 13 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY  
JUN 14 2017

06/09/2017

Dear Clerk:

Enclosed please find the following:

1. 20 Statements of Change of Registered Office along with their coversheets; and
2. Check number 1029 made payable to Florida Department of State in the amount of \$500.00 representing the fee to file all 20 statements.

Should you have any questions, please feel free to contact me at 305-789-9200 Ext 1369.

Sincerely,

A handwritten signature in black ink, appearing to read "Elsa M. Salcedo", with a stylized, cursive script.

Elsa M. Salcedo

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARAMOUNT PH 4302 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:

Jeanne Fuentes Lopez

Name of Person

Fowler White Burnett, P.A.

Firm/Company

1395 Brickell Avenue, Suite 1400

Address

Miami, Florida 33131

City/State and Zip Code

jfuentes-lopez@fowler-white.com

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

For further information concerning this matter, please call:

Jeanne Fuentes Lopez

Name of Person

at ( 305 )

789-9269

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: PARAMOUNT PH 4302 LLC

2. (a) Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*  
1395 Brickell Avenue, 14th Floor (JFL)  
Miami, Florida 33131

(b) Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*  
1395 Brickell Avenue, 14th Floor (JFL)  
Miami, Florida 33131

3. 02/01/2012 Date of filing/registration in Florida

4. L12000015050 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Corporate Management Inc

Registered Office Address *(**MUST BE FLORIDA STREET ADDRESS**)*

16321 SW 78th Terrace

Miami, FL 33193

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

**NEW** Registered Office Address:

1395 Brickell Avenue, Suite # 1400 (JFL)

Miami, FL 33131

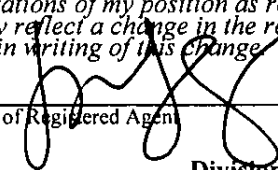
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

  
Signature of a member or authorized representative of a member

Jeanne Fuentes Lopez

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 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.*

  
Signature of Registered Agent

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

**FILED**  
2017 JUN 13 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA