

L12000082383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

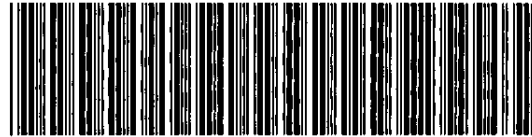
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 19 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARAMOUNT 3408, 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:

ALEXSANDRA SURKHOVERKHAYA  
Name of Person

PARAMOUNT 3408, LLC  
Firm/Company

871 NE 7th Street  
Address

MIAMI FLORIDA 33138  
City/State and Zip Code

ALEXA.POLISH@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXSANDRA SURKHOVERKHAYA at (518) 375 9897  
Name of Person 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 3408, LLC

2. (a) ALEXANDRE BALLERINI PA (b) ALEXANDRE BALLERINI PA  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

927 LINCOLN ROAD #200 927 LINCOLN ROAD #200  
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

3. 06/20/2012 4. L12000082383  
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
927 LINCOLN ROAD #200  
MIAMI BEACH, FL 33139

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

ALEXSANDRA SURKHOVERKHAYA  
NEW Registered Office Address:  
871 NE 71 STREET  
MIAMI, FL 33138

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 Masimo Michele Moroni  
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 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 [Signature]

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

**FILED**  
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TALLAHASSEE, FLORIDA