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(Requ	estor's Name)	
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TROPICAL PALMS PROPE	ERTIES, LLC	
Nar	ne of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fec(s) are submitted for filing	ng.
Please return all correspondence concerning th	is matter to the following:	
Emily Smith		
Name of Person		77 2
Paracorp Incorporated		RE 1917 JU SEURE ALLAH
Firm/Company		ASS
PO Box 160568		RECEIVE
Address		ELORIDE E
Sacramento, CA 95816		D <sub>A</sub>
City/State and Zip Code		
E-mail address: (to be used for future an	nual report notification)	五 <u>五</u>
For further information concerning this matter	, please call:	TLAHA T
Emily Smith	888 280.6563	25 ARY SSE
Name of Person	Area Code & Daytime Te	
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	H: 51 CORIOA
Enclosed is a check for the following	g amount:	
☑ \$25 Filing Fee	   \$55 Filing Fee & Certified Co	ору
INHS18 (2/14)		

## 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.

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l. Na	me of the limited liability company:	TROPICAL PA	ALIVIS I	RUPER			
2. (a)			_ (b)				
(,	Principal office address of limited lie (Note: MUST BE STREET A			,	Mailing address of limit (Note: MAY BE PO.	•	d.
	390 N. ORANGE AVENUE, S			390 N. C	DRANGE AVEN	UE, SUITE 14	00
	ORLANDO, FL 32801		_	ORLAN	DO, FL 32801		
	07/19/2012		1	_1200009	93861		
3.	Date of filing/registration in	ı Florida	4.		Document number	r	
5. (a)	B & C CORPORATE SERVIC	ES OF CENTR	RAL FLO	PRIDA			
), (a)	Registered Agent and Registered Office show	wn on the records of the	he Florida	Dept. of State	- e:		
	Registered Office Address (MUST BE F		<u>DDRESS)</u>				
	390 NORTH ORANGE AVE S	STE 1400			<del>.</del> .		
	ORLANDO	, FL_	32801		_	<u>ب</u> مع	
(b)	Paracorp Incorporated				_	MIL JUL SECHET	71
. ,	Enter name of NEW Registered Agent and	or NEW Registered	Office udd	ress:		L 2b	1
						-T)	П
	155 Office Plaza Drive, 1	st Floor			_	A III	
	NEW Registered Office Address:			•		H: 5	
			<del></del> .	<u> </u>	_	Det 1	
	Tallahassee	, FL	323	<b>d</b> 1			
signa  I here provisithe obtito merinotified	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a gree authorized by an affirmative vote icles of organization or the operating fure of a member or authorized representative by accept the appointment as registered in writing of this change.  Milton Vong the of Registered Agent	street address of Florida limited lia of the members of agreement of the lot a member of a member and agree and complete agent as provided	the regis bility co i the lim. limited li  ee to act performa l for in Cereby co	tered office of pany, it is ted liability con billing the second of the	e and the business of shereby confirmed by company or as of a printed or typed name bacity. I further agriculties, and I am fa. 5. F.S. Or, if this do	office of the reging that the change therwise provided to a signed the comply with and cocument is being the cocument of the c	stered (s) d in