LIZOD	208551
(Requestor's Name) (Address) (Address)	200282364022
(City/State/Zip/Phone #)	200282364022 02/22/1601006023 ##25.00
Certified Copies Certificates of Status	
Office Use Only	FILED 2016 FEB 22 P 12: 14 STRETARY OF STATE ALL ALASSEE FLORIDA
	FEB 2 3 2016 S MASON

#### **COVER LETTER**

## TO: Registration Section Division of Corporations

### PAULA MARIE LLC

SUBJECT:

- - 4

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:

NICOLAS SIHA

Name of Person

## LEGALINC CORPORATE SERVICES INC.

Firm/Company

## 17350 STATE HIGHWAY 249

Address

HOUSTON, TX 77064

City/State and Zip Code

## SUPPORT@LEGALINC.COM

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

For further information concerning this matter, please call:

NICOLAS SIHA	713 at (	478.1040			
Name of Person	at (	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Re	Registration Section			
Division of Corporations	Di	Division of Corporations			
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Ta	Illahassee, Florida 32314			
Tallahassee, Florida 32301					

■ \$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. Na	me of the limited liability company:	E LLC	;		
2. (a)	443 LANARKSHIRE PL		(b)		IARKSHIRE PL
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	、	(~)		failing address of limited liability company:   (Note: MAY BE POST OFFICE BOX)
	APOPKA, FL 32712		•	АРОРКА	A, FL 32712
	01/16/2013		L	.1300000	8551
3. 5. (a)	Date of filing/registration in Florida Parker, Paula Marie	- 4.	<u> </u>		Document number
5. (a)	Registered Agent and Registered Office shown on the records of t 841 PRUDENTIAL DRIVE	the Florid	da I	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A   12TH FLOOR 12TH FLOOR	DDRES	<u>55)</u>		
	JACKSONVILLE	3220	7		
(b)	LEGALINC CORPORATE SERVICES INC.	-			EI 22
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ess:	
	5237 SUMMERLIN COMMONS				LON R:
	NEW Registered Office Address: SUITE 400				RIDA
	FORT MYERS	3390	7		
the cha agent w was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	the reg ability of the lin limited	sist con mit l lia	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signat	ure of a member or authorized representative of a member				Printed or typed name of signee
provisi the obliced to mere notified	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change.	ee to a perfori d for in hereby	ct i mai Ci cor	n this capa nce of my a hapter 605 yfirm that i	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
-	Division of Corporations• P.O. E	Box 632	27•	) Tallahas	see, FL 32314

**FILING FEE: \$25.00** 

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