L13000021684

(Requestor's Name)				
(Add	(Address)			
(Address)				
(Cin	y/State/Zip/Phone	e #)		
(01)	,, 010.072.67.	<i></i> ,		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
		- · 		
Special Instructions to Filing Officer:				

Office Use Only



300301693353 07/26/17--01009--012 **25.00

FILED

2017 JUL 26 A II: 5

SECRETARY OF STATE
AND ANASSEE FLORDING

n BRUCE JUL 28 2017

COVER LETTER

TO: Registration Section Division of Corporations			
3540 BAREBACK, LLC			
	ne of Limited Lia	ability Company	
Dear Sir or Madam;			
The enclosed Registered Agent/Registered Off	fice Change and f	fee(s) are submitted for filin	<u>ា</u> ម្វ.
Please return all correspondence concerning th	nis matter to the f	ollowing:	
Emily Smith		ļ !	
Name of Person			
Paracorp Incorporated		1	
Firm/Company		1	R 2017 J SEUR ALLA
PO Box 160568		I	RECEIV
Address		<u> </u>	
Sacramento, CA 95816			VES
City/State and Zip Code) 5
E-mail address: (to be used for future am	nual report notific	eation) ¹	
For further information concerning this matter	, please call:	1	7 28
Emily Smith	888	280,6563	Three LAHA
Name of Person	(,, (Area Code & Daytime Te	lephone Syliber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	distration Section ision of Corporations Box 6327 lahassee, Florida 32314	Lephone SEE, FLORIDA
Enclosed is a check for the following	g amount:		
☑ \$25 Filing Fee	□ \$5.	5 Filing Fee & Certified Co	ру
INHS18 (2/14)		1	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Purzuant 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 10110	 0540 DAD		
1. Na	ume of the limited liability company: 3540 BAR	EBACK, L	UC
2. (a)		(b	·)
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	390 N ORANGE AVE SUITE 1400		390 N ORANGE AVE SUITE 1400
	ORLANDO, FL 32801		ORLANDO, FL 32801
	02/11/2013		լ Li13000021684
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	B & C CORPORATE SERVICES OF CE	NTRAL FL	ORIDA
5. (a)	Registered Agent and Registered Office shown on the record	ls of the Florid:	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	<u> </u>
	390 NORTH ORANGE AVE STE 1400		
	ORLANDO	32801	
		.FL	
(b)	Paracorp Incorporated		
()	Enter name of NEW Registered Agent and/or NEW Regist	ered Office ad	dress: ALL
			ARE SE TI
	135 Office Plaza Drive, 1st Floor		ASSE 2
	NEW Registered Office Address:		SEE OF M
			U H: !
	Tallahassee	, FL323	301 DA 22
Signa I here provise the object to mer notifier	will be identical. Or, in the case of a Florida limite creation and affirmative vote of the member class of organization or the operating agreement of the core member of a member or authorized representative of a member by accept the appointment as registered agent and come of all statutes relative to the proper and come	ss of the regical liability coers of the limited The limited I agree to acidete perform vided for in (s), I hereby c	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in

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