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TO: Registration Section Division of Corporations	; !	
SUBJECT:		
	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	2017 JU ZOLI JU SECRE TALLAR
Please return all correspondence concerning	ng this matter to the following:	RECEI
Emily Smith	!	RELFLORIE
Name of Person	:	DRID
Paracorp Incorporated) A
Firm/Company		
PO Box 160568	i	2811 73.21
Address		
Sacramento, CA 95816	į	FILE GRETARY O CAHASSEE
City/State and Zip Co	ode	11
		A II: 50
E-mail address: (to be used for future	e annual report notification)	\$m 3
For further information concerning this ma	atter, please call:	
Emily Smith	888 280.6563	
Name of Person	Area Code & Daytime Teleph	one Number
STREET/COURIER ADDRESS Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananasee, Florida 52514	
Enclosed is a check for the follow	wing 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,

Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 390 N ORANGE AVE SUITE 1400 390 N ORANGE AVE SUITE 1400 ORLANDO, FL 32801 ORLANDO, FL 32801 02/11/2013 lL13000021688 Date of tiling/registration in Florida Document number 3. B & C CORPORATE SERVICES OF CENTRAL FLORIDA 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (MUST BE FLORIDA STREET ADDRESS) Registered Office Address 390 NORTH ORANGE AVE STE 1400 ORLANDO Paracorp Incorporated Enter name of NEW Registered Agent and/or NEW Registered Office address: 155 Office Plaza Drive, 1st Floor NEW Registered Office Address:

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 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.

Tallahassee

Milton Vong, Assistant Secretary

Signature of Registered Agent