11300030898

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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K SALY

JUL - 1, 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Passport - 2 - Parsdise LLC Name of Limited Liability Company			
(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:			
General Bailey			
George Bailey Name of Person			
P 1 2-P discolle			
Passonet - 2 - Paradisc LLC Firm/Company			
620 Boca Ciego Point Bowlevard South			
Address			
St. Petersburg, Florida 33708 City/State and Zip Code			
E-mail address: (to be used for future annual) report notification)			
J			
For further information concerning this matter, please call:			
Fraction Krosser 21,727, 437-4423			
France Kramer at (727) 432-4423 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy			
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.

	\circ \rightarrow \circ	1.
1. Na	ime of the limited liability company: PASSOCT - 2 - PACC	
2. (a)	Attn: George Bailey 1 (b) Att	ni George Briley
` '	Principal office address of limited liability company;	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	620 Boen Clean Point Blud South	620 Boca (12ga Point Blu
	St. Petersburg FL 33728	St Potersburge fl 3370
		30017.15
	2-28-13	L13000030898
3.	2-28-13 Date of filing/registration in Florida 4.	Document number
5. (a)	United States Corporation Agents Inc Registered Agent and Registered Office shows on the records of the Florida Dept. of Sta	
	Sheila Dang Legal Zoon - Con Inc. Registered Office Address MUST BE FLORIDA STREET ADDRESS	_
	13302 Winding Oak Court Smite F	- 7
	13302 Winding Oak Court Shite A Tampa .FL 33612	
(b)	V	_ 5 5 m
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	FILED W 3: 17
	C A Rolland	بين ڪِي
	George D. Briley	- 3点 二
	NEW Registered Office Address:	3**
		_
	, FL	_
If the li	mited liability company is not organized under the laws of the State of F.	lorida, it is hereby confirmed that after
the cha	nge or changes are made, the Florida street address of the registered offic	e and the business office of the registered
	vill be identical. Or, in the case of a Florida limited liability company, it are authorized by an affirmative vote of the members of the limited liability.	
the artic	cles of organization or the operating agreement of the limited liability co	
	Feel W. Bully Ges	Printed or typed name of signee
	U)
l heren provisi	oy accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my	pacity. I further agree to comply with the adultes, and Lam familiar with and accept
the obli to mere	igations of my position as registered agent as provided for in Chapter 60 By reflect a change in the registered office address, I hereby confirm that	D, F.S. Or, if this document is being filed to the limited liability company has been
notified	Vin writing of this change.	
Signatur	e of Registered Agent	
	- /	

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