

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500318245065

09/13/18--01014--009 \*\*25.00

2010 SEP 13 PH 2: 50

O PRIJON

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

INHS18 (2/14)

SUBJECT: Pass port-2-Paradise 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:	
Pass port - 2 - Paradise LLC Firm/Company	
v	
620 Boen Ciegn Point Blud South	<b>2811</b> TALL
Saint Peters burg, FL 33708 City/State and Zip Code	2818 SEP 13 SECRETARY FALLAHASSE
E-mail address: (to be used for future annual report notification)	PH 2: 51
For further information concerning this matter, please call:	
George Bailey at (727) 244-639 Name of Person Area Code & Daytime	Telephone Number
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	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\square\$ \$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.

Tioriua.
1. Name of the limited liability company: Passport - 2- Paradisc LLC
2. (a) Attn' George Bailey  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 Ciega Point Boulevard S 620 Boen Ciega Point Blud
Saint Petersburg, FL 33708 Saint Petersburg FL 3370
Sept 10 2018  Date of filing/rogistration in Florida  L 130000 30898  Document number
5. (a) George Briley
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13302 Winding Onk Court Suite A Es = 1
(b) New resistered office
(b) New real Second of the Registered Office address:
NEW Registered Office Address:
620 Boen Ciega Point Blud. South
Snint Petersburg, FL 33708
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 Printed or typed name of signee
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.
Je 1h 1 Barla

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

Signature of Registered Agent