113000041821

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



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FILE 1)
2014 JAN 27 PM 2: 30

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: 13043 LLC Name of Limited L. | iability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Cha | ange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | |
| Timothy D Atteberry Name of Person | |
| Paramount Funding Group | |
| Firn/Company | |
| 212 E Ocean Ave | 2014 FALL |
| Address | JAN 27 |
| Lantana, FI 33462 | <u> </u> |
| City/State and Zip Code | PM 2: 30 |
| timatteberry@aol.com | iare Drib |
| E-mail address: (to be used for future annual report notification) | - And Annual |
| For further information concerning this matter, please | e call: |
| Timothy D Atteberry | 51 , 5026283 |
| 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 amou | nt: |
| E \$25 Elling Fee | 7 \$55 Filing Fee & Certified Conv |

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

Pursuant to the provisions of sections 605,0114, 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.

| Name of the limited liability company: 13043 LLC | | |
|--|---|---|
| 2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>) | 1y: 212 E Ocean Ave Lantana, Fl 33462 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| 9/19/2013 | L13000041821 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown or | n the records of the Florid | la Dept. of State: |
| Registered Agent: | Atteborry, Timothy D | |
| Registered Office Address: | 212 E Ocean Ave Lantann, Fl 33462 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : | Sprague, David | ddress HAS SEE |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 7741 Military Trail Palm Beach Gardens | SALTING TO |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member of authorized representative of a number | Florida street address of t ntical. Or, in the case of a s) was/were authorized b | the registered office a Florida limited y an affirmative vote of |
| Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pander 605. F.S. Or, if this document is being filed to a address, I herebylconfirm that the limited liability company. | agree to act in this capa proper and complete perfo position as registered ago perely reflect a change in my has been notified in w | city. I further agree to ormance of my duties, ort as provided for m the registered office riting of this change. |
| Signature of Registered Agent | | |

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