

L130000 76105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

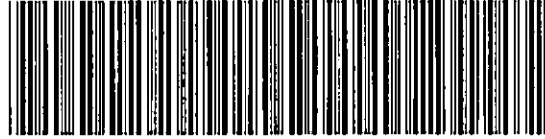
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 17 2020
S. YOUNG

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 JAN 21 AM 7:14

FILED



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: January 17, 2020

AE: Kerra Childress

TO: Florida Division of Corporations

H1039

REFERENCE: 1401007

THE CENTRE OF TALLAHASSEE

2415 N. MONROE STREET, SUITE 810

TALLAHASSEE, FL 32303

FAX:

PLEASE PERFORM THE FOLLOWING:

MALORI FT MYERS, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Please file routine and provide one plain copy.

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Kerra Childress TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

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.

1. Name of the limited liability company: MALORI FT MYERS, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

11823 FOLKSTONE LANE

LOS ANGELES, CA 90077

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

11823 FOLKSTONE LANE

LOS ANGELES, CA 90077

05/24/2013

L13000076105

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
STEWART, JAMES V

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1670 PELICAN CREEK CROSSING

ST. PETERSBURG, FL 33707

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Paracorp Incorporated

NEW Registered Office Address:

155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

MALIKA FOLGEL
Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

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