(Requestor's Name)					
(Address)					
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Ви	ısiness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				





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COVER LETTER *

то:	Registration Section
	Division of Corporations

SUBJECT:	PAR 3 HOLDINGS LLC			
SUBJECT	Na	me of Limite	d Liability Company	
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Of	ffice Change	and fee(s) are submitted for filing.	
Please return	n all correspondence concerning t	his matter to	the following:	
Paul V. M	ellini			
	Name of Person			
PAR 3 HC	DLDINGS LLC			
	Firm/Company			
1005 Eder	n Isle Drive NE			
	Address			
St. Pete.,	Florida 33704			
	City/State and Zip Code			
sspmj1@t	ampabay.rr.com			
E-mail	address: (to be used for future an	nual report n	otification)	
For further in	nformation concerning this matte	r, please call:	:	
Paul V. Me	ellini	727	439-0565	
	Name of Person		Area Code & Daytime Telephone Number	
	EET/COURIER ADDRESS:		MAILING ADDRESS:	
	stration Section		Registration Section	
	sion of Corporations		Division of Corporations	
	on Building		P.O. Box 6327	
	Executive Center Circle		Tallahassee, Florida 32314	
rana	ahassee, Florida 32301			

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☑ \$25 Filing Fee

Enclosed is a check for the following amount:

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.	Na	me of the limited liability company: PAR 3 HOLDIN	IGS L	LC				
2.	(a)	Paul V. Mellini	(b)	Same	е			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (-)		Mailing address of (Note: MAY B.		_	
		1005 Eden Isle Drive, NE		SAMI	Ē			
		St. Pete, Florida 33704						
		8-31-15		١	L130000	5PP C	63	3
3.		Date of filing/registration in Florida	4.		Document nu	mber		
5.	(a)	Mills, Frederick J, Esquire, Morrison and Mills	, PA					
	(-)	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of	State:			
		Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	,				
		1200 W. Platt Street						
		. FL						
		, PD_					<u>~</u> 3	
	(b)	Paul V. Mellini					2015	का महत्त् रसम् त्र
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:		्रे गी जन्म	SEP	a
						73.5	2	i erana
		NEW Registered Office Address:			<u> </u>	二二	U	
		1005 Eden Isle Drive, NE				STATE	<u>.</u>	J
		Todo Edell Isle Blive, IVE			 -	RID	٠ ا	
		St. Petersburg, , FL 3	3704			Þ	Ü	
the age	cha ent v s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line.	ne regis ility con the limi mited li	tered of mpany, ted liab	fice and the busing it is hereby confination or a company or a company.	ness office	of the a	registered
5	ignat	ure of a member or authorized representative of a member			Printed or typed	name of sign	nee	
pro the to	ovisi obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete perigations of my position as registered agent as provided ply reflect a change in the registered office address, I held in writing of this change.	e to act erforma for in C reby co	in this d nce of i hapter nfirm th	capacity. I further my duties, and I a 605, F.S. Or, if th hat the limited lial	r agree to o m familiar nis docume bility comp	comply with a nt is be any ha	with the nd accept ging filed s been

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

Signature of Registered Agent