130000	80181
(Requestor's Name) (Address) (Address)	200317842082
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Office Use Only	SEP - 8 2019

F

S. PRATHER



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

KATELYN BEAN

Name of Person

PARACORP INCORPORATED

Firm/Company

2804 GATEWAY OAKS DR #100

Address

SACRAMENTO, CA 95833

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATELYN BEAN	888 280-6563
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
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	□ \$55 Filing Fee & Certified Copy
NU1610 (3/14)	

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.

(a)_	Principal office address of limited liability company:	(b)	ailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	101 Palm Point Circle D		600 Third	Avenue room 259
	Palm Beach Gardens, FL 33418		New York	k, New York, 10016
	June 03, 2013		L1300008	0181
-	Date of filing/registration in Florida	- 4.		Document number
a)	David Finkelstein			
	Registered Agent and Registered Office shown on the records of	the Floric	a Dept, of State:	
	101 Palm Point Circle D, Palm Beach Garde	ens, Fl	. 33418	
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u>S)</u>	
	101 Palm Point Circle D			
	Palm Beach Gardens	33418	}	te
) _	Paracorp Incorporated			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>idress</u> :	±
	155 Office Plaza Drive, 1st Floor			<u>:</u> ج،
	<u>NEW</u> Registered Office Address:			ڊ، ۱ د
	TallahasseeFL	32	301	

DAVID FINKELSTEIN

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.

ody Moua, Asst. Secretary

nature of Registered Agent

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