

L13000090839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

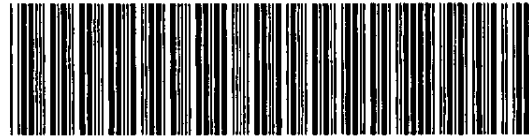
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J. SAULSBERRY  
EXAMINER  
AUG 07 2013

**KOLEY ■ JESSEN**

ATTORNEYS

KOLEY JESSEN PC, LLO  
1125 SOUTH 103RD STREET  
SUITE 800  
OMAHA, NE 68124  
PHONE 402.390.9500  
FAX 402.390.9005

**koleyjessen.com**

July 31, 2013

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Paradise Communication Enterprises, LLC  
Our File No. 15433-0


Dear Madam/Sir:

Enclosed for filing in your office are the following documents:

1. The Statement of Change of Registered Office and Registered Agent for Limited Liability Company for Paradise Communication Enterprises, LLC; and
2. A check in the amount of \$25 to cover the cost of filing the Statement.

Please return the file stamped copy of the Statement to my attention at the address listed above.  
Thank you for your assistance and if you have any questions please do not hesitate to call.

Very truly yours,



Lori A. Marco  
Paralegal

Enclosures

**LORI A. MARCO**  
PARALEGAL  
DIRECT: 402.343.3728  
LORI.MARCO@KOLEYJESSEN.COM

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARADISE COMMUNICATION ENTERPRISES, LLC  
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:

**LORI A. MARCO**

Name of Person

**KOLEY JESSEN P.C., L.L.O.**

Firm/Company

**1125 SOUTH 103RD STREET, SUITE 800**

Address

**OMAHA, NE 68124**

City/State and Zip Code

**LORI.MARCO@KOLEYJESSEN.COM**

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

For further information concerning this matter, please call:

**LORI A. MARCO**

Name of Person

at ( **402** ) **343-3728**

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

☐ \$55 Filing Fee & Certified Copy

2013 AUG -5 AM 8:32  
STATE  
TALLAHASSEE, FLORIDA

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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: PARADISE COMMUNICATION ENTERPRISES, LLC

2. (a) Principal office address of limited liability company: 1767 LAKEWOOD RANCH BLVD., STE 268  
BRADENTON, FL 34211  
*(Note: **MUST BE STREET ADDRESS**)*

(b) Mailing address of limited liability company: 1767 LAKEWOOD RANCH BLVD., STE 268  
BRADENTON, FL 34211  
*(Note: **MAY BE POST OFFICE BOX**)*

06/24/2013  
3. Date of filing/registration in Florida

L13000090839  
4. Document number

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

Registered Agent: CAPITOL CORPORATE SERVICES, INC.

Registered Office Address: 155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301

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

**NEW Registered Agent:** GARY PARISI

**NEW Registered Office Address:** 1767 LAKEWOOD RANCH BLVD., STE 268  
BRADENTON, FL 34211  
*(**MUST BE FLORIDA STREET ADDRESS**)*

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

GARY PARISI  
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 608, 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  
GARY PARISI

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