

L130000101806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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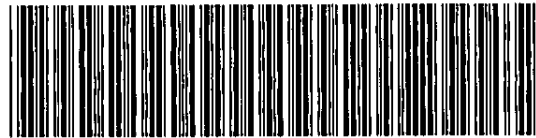
(Business Entity Name)

(Document Number)

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(1a) 5/5/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 117146 5012600

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 85.00

ORDER DATE : May 2, 2014

ORDER TIME : 3:0 PM

ORDER NO. : 117146-020

CUSTOMER NO: 5012600

CHANGE OF AGENT

NAME: PARAGON POSNER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Gray -- EXT# 52925

EXAMINER: *[Signature]*

**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: PARAGON POSNER, LLC

2. (a) 3984 W. HILLSBORO BLVD. (b) SAME

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

DEERFIELD BEACH FL 33442

07/18/2013

L13000101806

3. Date of filing/registration in Florida

4. Document number

5. (a) SLPA, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

201 NE 1ST AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DELRAY BEACH, FL 33444

(b) Corporation Service Company

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

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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

Adrian Mijares Elizondo  
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.*

[Signature]  
Signature of Registered Agent

Corporation Service Company

BY:

Sue G. Knight  
Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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