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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

'JAN 07 2015 T. CARTER

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations	
SUBJECT: PARRECO PROPERTIES Name of Limi	led Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Theodore J Parrec	
ARRECO PROPERTIES, L	LC
PO BOX 1357 Address	
Upper MARIBORO MD o	20773
JAMES PARRECO C OUT LOOK. C E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	11: : :
Theodore J Parreco at (5	301) 599-9470 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	D \$55 Eiling Eag & Contified Come

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

Name of the limited liability compa	ny: PARRECO F	Roperties	LLC	
2. (a) Pappero Penperties	- 117	b) Parrecc) froperties	3 LLC
Principal office address of limit (Note: MUST BE STRE			ddress of limited liability MAY BE POST OFFIC	
6500 Dayles 4		PO F	Pox 1357	<u>L DOM</u>
11 000	0.00	110000	Marlboro	$\frac{1}{2}$
upper mirror	20, MD 207/2	upper .	MARIOURE	July We
August 14.2013		L 1300	00115127	
3. Date of filing/registration	on in Florida 4.	Docum	nent number	
5. (a) Theodore J	PARRECO			
Registered Agent and Registered Office	shown on the records of the Florid	a Dept. of State:		
234 Cutter	Court	<u> </u>		
Registered Office Address (MUST)	<u>BE FLORIDA STREET ADDRES</u>	<u> </u>		ĀS
1 16 0 -1			30 .	E E E E E E E E E E E E E E E E E E E
MORTH FORT	, FL_ <u> </u>	4287	ري ان ا	A PAGE
(b) Theodore T	5 Anereco		9	3.78 3.78 3.78 3.78
Enter name of NEW Registered Agent	and/or NEW Registered Office as	ldress:	# 5 · 5 · 5 · 5 · 5 · 5 · 5 · 5 · 5 · 5	S C
1404 SE U	The Street	#8	: 59	TATE ORIDA
NEW Registered Office Address:	77. 07.	· · · · · · · · · · · · · · · · · · ·		. —
· .	·			
Cape Coenl	, fl	3904		
If the limited liability company is not or the change or changes are made, the Flo				
agent will be identical. Or, in the case of	f a Florida limited liability c	ompany, it is hereby	confirmed that the	change(s)
was/were authorized by an affirmative v the articles of organization or the operat			any or as otherwise p	rovided in
- A		headore.	J Parreco)
Signature of a member or authorized represent			or typed name of signee	
I hereby accept the appointment as reg provisions of all statutes relative to the the obligations of my position as registe to merely reflect a change in the registe	stered agent and agree to ac proper and complete perforn red agent as provided for in red office address, I hereby c	t in this capacity. It nance of my duties, a Chapter 605, F.S. (confirm that the limit	further agree to com and I am familiar wit Or, if this document i ted liability company	ply with the h and accept s being filed has been
notified in writing of this change.	:			

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

Signature of Registered Agent