(Requestor's Name)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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IN HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	DRJR INVESTMENTS, LLC					
SUBJI	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ice Change and t	ee(s) are submitted for filing.			
Please	return all correspondence concerning thi	is matter to the f	ollowing:	,		
Desti	ny Baylor					
	Name of Person					
Parac	corp Incorporated					
	Firm/Company		-			
2804	Gateway Oaks Dr #100					
	Address					
Sacra	amento, CA 95833					
	City/State and Zip Code		_	1		
рагас	corp@myparacorp.com					
i	E-mail address: (to be used for future ann	iual report notifi	cation)	•		
For fu	rther information concerning this matter.	please call:				
Desti	ny Baylor	800 at (533-7272			
	Name of Person		Area Code & Daytime Telep	ohone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	ALING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
	Enclosed is a check for the following	g amount:		,		
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	<i>!</i>		

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2017

DESTINY BAYLOR
PARACORP INCORPORATED
2804 GATEWAY OAKS DR #100
SACRAMENTO, CA 95833

SUBJECT: DRJR INVESTMENTS, LLC

Ref. Number: L14000038487

We have received your document for DRJR INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 017A00026320

www.sunbiz.org

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

rior	taa					
١.	Na	me of the limited liability company: DRJR INVES	TMENI	S, LLC		
2. (a	a'i	5127 FAIRWAY OAKS DRIVE	(b)	5127 FAIRWAY OA	KS DRIVE	
≟. (ĕ	۰,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Muiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		WINDERMERE, FL 34786		WINDERMERE, FL	34786	
						
		03/06/2014		L14000038487	<u> </u>	
3.		Date of filing/registration in Florida	4.	Document nur	nber	
5. ((a)	B&C Corporate Services Registered Agent and Registered Office shown on the records of	OF CE the Florida	ntral Florid Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET).	ADDRESS)			
				<u>Suite</u> 1400		
			329			
		<u> </u>	. <u> </u>		: • •	
(b)	Paracorp Incorporated			() () () () () () () () () ()	
`	-,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		
					1.2	
		155 Office Plaza Drive, 1st Floor		*************************************	<u>ر</u> ٠:	
		NEW Registered Office Address:				
						
		Tallahassee	, 323	01		
			- 4° 43-	Cran a C Marida de la Sorra	by confirmed that after	
36.4	cha	mited liability company is not organized under the lange or changes are made, the Florida street address of	the regis	terea office and the busin	ess office of the registered	
(Jf*E	31 V	vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of	ability co	mpany, it is hereby confir	med that the change(s)	
ras ic i	arti	cles of organization or the operating agreement of the	limited I	iability company.		
		A. Julia			nthony W. Justice	
	-	ture of a member or authorized representative of a member		Printed or typed	,	
101 18 11	visi obl teri	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It in writing of this change.	ed for in C hereby co	three of my duties, and i a Thapter 605, F.S. Or, if th Onfirm that the limited lial	agree to comply with the familiar with and accept is document is being filed bility company has been	
ير.		IVILLON VONS ASSISTANT	Jewica)		

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