L140000H6505

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
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SEGRETARY OF STATE
AND ASSEEL FLORID

A77M 10-14-14

COVER LETTER

TO: Registration Section '

Division of Corporations				
SUBJECT:	PARAMILLO LLC -			
Nan	ne of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning the	nis matter to the following:			
FANNY SUAREZ Name of Person				
PARAMILLO LLC		S FALL		
Firm/Company 15673 sw 52 Ct		- 100 - 100 A		
Address		10 m		
Miramor FL 33027 City/State and Zip Code		OCT -6 PM 2:28		
City/State and Zip Code		\$ CO		
Lemail address: (to be used for future and				
For further information concerning this matter	, please call:			
German Rincon M Name of Person	at (954) 5897461 Area Code & Daytime Teleph	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	one Number		
Enclosed is a check for the following	g amount:			
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

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.

1. Na	ame of the limited liability company:	PARAM	1111) LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b) _		Sw52 of MICOMOR, FL, 3302- Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/20/2014		L	14000046505
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				_
	Registered Agent and Registered Office shown on the records of the	e Florida De	ept. of Stat	t e:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		_
	15653 Sw 52 d			~
	Miramar, FL	3302	7	SEC FALL
			-	- 80 -
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		- 55
		Mice adore	<u> 38</u> :	
	Sugrez Fanny			ESTA SI
	NEW Registered Office Address:			TE ADA
	15673 Sw 52 ct			_
	Miramar	330	27	
If the li	imited lightlity company is not organized under the low	a of the Ct	oto of El	- ido it in hombu -on-C
the cha	imited liability company is not organized under the laws inge or changes are made, the Florida street address of t	he register	red offic	e and the business office of the registered
was/we	will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of	the limite	d liabilit	v company or as otherwise provided in
the arti	cles of organization or the operating agreement of the li	imited liab		
Signa	ture of a member or authorized representative of a member		941	MN y H. SUG(C2 Printed or typed name of signee
I herei	by accept the appointment as registered agent and agre	e to act in	this can	acity. I further garge to comply with the
provisi the obl	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he	erformand for in Cha	ce of my apter 605	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed
notified	in writing phinis change.	reby conf	ırm that	ine limited liability company has been
Signatu	re of Registered Agent			
	Division of Corporations P.O. Bo	ox 6327• '	Tallahas	ssee, FL 32314

FILING FEE: \$25.00