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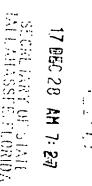
| (Requestor's Name) | | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | | |
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| (Business Entity Name) | | | | | | | |
| (Business Entity Name) | | | | | | | |
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| (Document Number) | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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| | COVER LETTER | | | | | | | |
|---|---|--------------------|--|--|--|--|--|--|
| | stration Section sion of Corporations | | | | | | | |
| SUBJECT: | Timmons Properties, LLC Name of Limited Liability Company | | | | | | | |
| | | | | | | | | |
| Dear Sir or N | | | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | | | |
| Please return | all correspondence concerning this | matter to the fo | ollowing: | | | | | |
| Destiny Ba | aylor | | | | | | | |
| | Name of Person | | ··· | | | | | |
| Paracorp | Incorporated | | | | | | | |
| | Firm/Company | | | | | | | |
| 2804 Gate | eway Oaks Dr #100 | | _ | | | | | |
| <u></u> | Address | | | | | | | |
| Sacramer | nto, CA 95833 | | | | | | | |
| | City/State and Zip Code | | - | | | | | |
| | @myparacorp.com | | | | | | | |
| E-mail | address: (to be used for future annu | al report notific | ation) | | | | | |
| For further i | nformation concerning this matter, [| olease call: | | | | | | |
| Destiny Ba | aylor | 800 at (| 533-7272 | | | | | |
| | Name of Person | _ at (| Area Code & Daytime Telephone Number | | | | | |
| Reg Div Clif 266 | REET/COURIER ADDRESS: jistration Section ision of Corporations fon Building 1 Executive Center Circle lahassee, Florida 32301 | Reg Divi P.O | ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314 | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | |
| ☑ \$25 Filling Fee ☐ \$5 | | | 5 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.

| . Nai | ne of the limited liability company: | erties, | LLC | | | |
|--|--|---|---|---|---|--|
| | 1060 W. State Road 434 | (b) | 1060 W. | State Road 434 | \$ | |
| , (a) _ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (5) | | Aailing address of limite (Note: MAY BE POS | | |
| | Suite 156 | | Suite 15 | 6 | | |
| | Longwood, FL 32750 | | Longwoo | od, FL 32750 | | |
| | 11/19/2014 | | L140001 | 79451 | | |
| | Date of filing/registration in Florida | 4. | | Document number | | |
| . (a) | 3+ (16 point service et cumi | PLT | vc | | 当 | |
| . () | Registered Agent and Registered Office shown on the records of the | ne Florida | Dept. of State | :: | 1.4.1 |) } |
| | 360 N maye are sure 14 | | | | 15.54 17.78 17.78 17.78 | 2 |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS. | ! | | - 영화 - 현 | |
| | | | | - | | ٠. ٠. |
| | michile FL | <u> </u> | FU | | | स्म % |
| (b) | Paracorp Incorporated | | | - | >* | |
| ` ' | Enter name of NEW Registered Agent and/or NEW Registered | Office ado | lress: | | | |
| | 155 Office Plaza Drive, 1st Floor | | | - | | |
| | NEW Registered Office Address: | | | | | |
| | | | | • | | |
| | Tallahassee, Fl. | 323 | 101 | - | | |
| he cha agent v | imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the regis ibility co f the lim | stered office mpany, it i ited liabilit | e and the business of shereby confirmed by company or as of apany. | that the cha | registeret nge(s) |
| | A. Juliu | •• | | Anthony W. | | |
| | ture of a member or authorized representative of a member | | | Printed or typed name | | ا. ارد |
| I herei provisi the obl to mere | by accept the appointment as registered agent and agreen on a fall statutes relative to the proper and complete piggings of my position as registered agent as provided by reflect a change in the registered office address, I have a fall is change. | ee to act perform I for in C iereby co | in this cap ance of my Chapter 605 onfirm that | acity. I further agr duties, and I am fai 5, F.S. Or, if this do the limited liability | ree to comply miliar with cocument is by company he | y wun Ine ind accept eing filed as been |

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

Vong: Assistant Secretury