L1500000232

(R	(equestor's Name				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate:	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600301693326

600301693326 07/26/17--01009--015 **25.00

TILED

III JUL 25 A III 5

n aruce JUL 28 2017

	COVER L	ETTER				
TO: Registration Section Division of Corporations		1				
ALESSANDRA MATTESON SUBJECT:	I, LLC	· I				
Nam	e of Limited L	iability Co	ompany			
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ice Change and	fee(s) are	submitted for filing.			
Please return all correspondence concerning the	is matter to the	following 	:			
Emily Smith		l				
Name of Person	· • • • • • • • • • • • • • • • • • • •			SE	2017	·T)
Paracorp Incorporated				CRE IA	JUL 18 PM	RECEIVE
Firm/Company				see	60	
PO Box 160568				FLORID	-:	(1)
Address				ÃĎ A	. 6	
Sacramento, CA 95816						
City/State and Zip Code				SEC	2017	
E-mail address: (to be used for future ann	ual report notif	ication)		RE IVE	JUL 26	
For further information concerning this matter,	please call:					
Emily Smith	888 at (280.	6563		A II: 52	O
Name of Person		Area Co	ode & Daytime Telephone Nu	mber	2	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.G	gistration vision of C D. Box 63:	Corporations			
Enclosed is a check for the following	amount:					
☑ \$25 Filing Fee	<u> </u>	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.

I. Na		RA MATI	I ESON, LLC
	ame of the fillified flability company.	(h)	1
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	6219 LOUISE COVE DRIVE		6219 LOUISE COVE DRIVE
	WINDERMERE, FL 34786	_ 	WINDERMERE, FL 34786
	12/31/2014		Ļ15000000232
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	B & C CORPORATE SERVICES OF CEN	TRAL FLO)RIDA
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State.
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	390 NORTH ORANGE AVE STE 1400		
	ORLANDO, I	32801	
(b)	Paracorp Incorporated Enter name of NEW Registered Agent and/or NEW Register	ed Office add	<u>ress</u> :
	155 Office Plaza Drive, 1st Floor		2017 . SECR ALLA
	NEW Registered Office Address:		JUL 21
	Tallahassee		
	Tarranassee,	FI. 323	
the cha agent was/w the art Signs	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized representative of a member of a member of a member of all statutes relative to the proper and completing agreement of a ligations of my position as registered agent as providely reflect a change in the registered office address.	of the regist liability cons of the limited li	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. Printed or typed name of signee in this capacity. I further agree to comply with the
to mer notifie	ely reflect a change in the registered affice address, d in writing of this change. Milton Vong, Assistant Sec		nfirm that the limited liability company has been
Signatu	ire of Roginered Agent	,	