L15000065209

(Requestor's Name)	_
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(Address)	_
(City/State/Zip/Phone #)	—
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(Business Entity Name)	
(Document Number)	-
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D BRUCE MAY 21 2021

COVER LETTER

TO: Registration Section Division of Corporations

PARADISE 1800, LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERT SALTIEL

Name of Person

PARADISE 1800, LLC

Firm/Company

750 CORDOVA BLVD NE

Address

ST. PETERSBURG, FL 33704

City/State and Zip Code

ADLASALT@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT SALTIEL	727 4.30-0871 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

HAR 31 AH 9:2

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.

(a)	2155 OCEANVIEW DRIVE		(b) 2155 OCEANVIEW DRIVE			
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited hability company: (<u>Note: MAY BE POST OFFICE BOX</u>)			
	TIERRA VERDE, FL 33715		TIERRA VERDE, FL 33715			
	APRII, 14, 2015		L15000065209			
(a)	Date of filing/registration in Florida ALBERT SALTIEL	4,	. Document number			
. (,	Registered Agent and Registered Office shown on the records of the 2155 OCEANVIEW DRIVE	lorida Dept. of State				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	TIERRA VERDE, FL_33	715	15			
(b)	ALBERT SALTIEL		(
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	<u>fice</u>	e address			
	750 CORDOVA BLVD NE		ce address:			
	NEW Registered Office Address:			,		
	ST. PETERSBURG, FL_33	704	<u>99</u> Сл. 199 Сл. 199 Сл. 199	· •		
inge - mt w s/wei	mited liability company is not organized under the laws or or changes are made, the Florida street address of the reg ill be identical. Or, in the case of a Florida limited liabil re authorized by an affirmative vote of the members of the less of ganization or the operating agreement of the lim	iste ity w li	y company, it is hereby confirmed that the change(s)			

Signature of a member or authorized representative of a member

Printed or typed name of signee

1

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been within the registered office address. notified in kr "this. unge.

Signature of Registered Agent

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