L15000118398

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(,				
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SECKETARY OF STATE

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	COVER	LETTER		
TO: Registration Section Division of Corporations				
509 MCINTOSH, LLC		!		
	ne of Limited	Liability Company		
Dear Sir or Madam:		,		
The enclosed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filir	ıg.	
Please return all correspondence concerning th	is matter to th	e following:		
Emily Smith			2011 JI SECT TALLA	บ ก
Name of Person			新り	
Paracorp Incorporated			SET CO	ひれつでしてい
Firm/Company		<u> </u>	E. FLORI	
PO Box 160568			SO A	
Address	•	·		
Sacramento, CA 95816				
City/State and Zip Code				
			2811 SEC TALL	_
E-mail address: (to be used for future ann	nual report not	ification)	AH J	ļ
For further information concerning this matter,	, please call:		2b / SSEE.	- 7
Emily Smith	888 at (280.6563		j
Name of Person	ut (Area Code & Daytime Te	lephone Number 5	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R E P	AAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314		
Enclosed is a check for the following	g amount:			
☑ \$25 Filing Fee		\$55 Filing Fee & Certified Co	ppy	
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	ime of the limited liability company:	SH, LLC	CI
2. (a)		(b))
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	390 N. ORANGE AVE, STE. 1400		390 N. ORANGE AVE, STE. 1400
	ORLANDO, FL 32801		ORLANDO. FL 32801
	07/15/2015	L	L15000118398
3.	Date of filing/registration in Florida	- - 4.	Document number
5. (a)	B & C CORPORATE SERVICES OF CENTE	RAL FLO	QRIDA
σ . (a)	Registered Agent and Registered Office shown on the records of t	the Florida I	Dept. of State:
			
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	$\frac{2}{2}$
	390 NORTH ORANGE AVE STE 1400		
	ORLANDO, FL	32801	
(b)	Paracorp Incorporated Enter name of NEW Registered Agent and/or NEW Registered	Office odd	diam.
	Enter tame of NEW Registered Agent and/or NEW Registered	Office and	
	155 Office Plaza Drive, 1st Floor		ZUIT JUL
	NEW Registered Office Address:	· -	ARE 4
	· · · · · · · · · · · · · · · · · · ·		JUL 26 AHASSEE
			in the second se
	m-12-h	500	
	Tallahassee ,FL	,323	RETURN TO
the cha agent v was/we the arti	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member	the regist ability con of the limi limited li	stered office and the business office of the registered opporing it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
I here provisi the obi to mer notific	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act performa d for in C hereby co	t in this capacity. I further agree to comply with the ance of my duties, and iam familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Sima	Milton Vong, Assistant Secretary of Registered Agent	etary	
Signatu		n /**	The state of the s
	Division of Cornerations PO 1	KAY 6 5 7 7 1	7 - 1 9 818 0 988866. P.L. 32.3 L4

FILING FEE: \$25.00