L15000169355

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Linky Name)				
(Decree of New local)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
'				

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SCLUBIANT FLORIDA

TALLANDASSE FLORIDA





December 29, 2017

DESTINY BAYLOR PARACORP INCORPORATED 2804 GATEWAY OAKS DR #100 SACRAMENTO, CA 95833

SUBJECT: RIVERSIDE PROPERTIES OF ORLANDO, LLC

Ref. Number: L15000169355

We have received your document for RIVERSIDE PROPERTIES OF ORLANDO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 017A00026326

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER 3

TO: Registration Section

INHS18 (2/14)

Division of Corporatio	ns			
Riverside Prop	perties of Orlando	. LLC		
SUBJECT: Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agen	t/Registered Office C	change and fe	e(s) are submitted for filing.	
Please return all corresponden	ce concerning this ma	atter to the fol	llowing:	
Destiny Baylor				
Name	of Person			
Paracorp Incorporated				
Firm/Company				
2804 Gateway Oaks Dr #	±100		_	
Add	Address			
Sacramento, CA 95833			_	
City/State	and Zip Code			
paracorp@myparacorp.c				
E-mail address: (to be us	ed for future annual i	report notifica	ation)	
For further information concer	ning this matter, plea	ise call:		
Destiny Baylor	а	800 t (533-7272	
Name of Pers	on	\ <u></u>	Area Code & Daytime Telephone Number	
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 3	ons r Circle	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314	
Enclosed is a check f	or the following am	ount:		
☑ \$25 Filing Fee		□ \$55	Filing Fee & Certified Copy	

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. Name of the limited liability company:	roperties of Orlando, LLC		
2. (a) 200 SOUTH ORANGE AVE #800	(b) 200 SOUTH ORANGE AVE #800		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
ORLANDO, FL 32801	ORLANDO, FL 32801		
10/05/2015	L15000169355 4. Document number		
3. Date of filing/registration in Florida	ces of Central FL INC		
Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET 390 NOYANGE AVE STONE OY LANDO , F. (b) Paracorp Incorporated Enter name of NEW Registered Agent and/or NEW Registered Office Address: 155 Office Plaza Drive, 1st Floor NEW Registered Office Address:	of the Fiorida Dept. of State: TADDRESS TE 1400		
Taliahassee p	FL 32301		
the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the articles of a member or authorized representative of a member. I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple the obligations of my position as registered agent as provided merely reflect a change in the registered office address, notified in writing of this change.	laws of the State of Florida, it is hereby confirmed that after is of the registered office and the business office of the registered I liability company, it is hereby confirmed that the change(s) it is of the limited liability company or as otherwise provided in the limited liability company. Anthony W. Justice Printed or typed name of signee agree to act in this capacity. I further agree to comply with the liefe performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed in I hereby confirm that the limited liability company has been southern. Secretary		

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