## L15000199714

(F	Requestor's Name)	
( <i>f</i>	Address)	
(F	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Parcialise Garden Gran	ed 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:	
Mohammadhossein Alipour Name of Person		
Paradise Gerclen Caroup		
Firm/Company	<del></del>	
1904 v/e heritage Dr APTZ Address	¥ 17203	
Orland / Florida / 32839 City/State and Zip Code	19 MAR	
Paradises Garden 12 agmail. ( E-mail address: (to be used for future annual report	(on-	-
E-mail address: (to be used for future annual report notification)		٠.
For further information concerning this matter, please call:		
Mohammalhossein Alipour at (	Area Code & Daytime Telephone Number	1131
name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, Fiorida 52514	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**☎** \$25 Filing Fee

Enclosed is a check for the following amount:

## 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: _Paracli	se Gurden Group LLC
2 (a) 1904 Ole heritage Dr	(b)
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	
Apt # 17203	
12.03.2015	L 15000 177714
3. Date of filing/registration in Florida	4. Document number
5. (a) Coxpoxation Su	wice Company
5. (a) Agent and Registered Office shown on the record	
	'
Registered Office Address (MUST BE FLORIDA STRE	'ET (DDDECC)
Registered Office Address	ET ADDRESSI
<del></del> . ,	t.
Tallahassie	FL 32301-2525
(b) Mchammad hosseth Alipour	19
Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:
NEW Registered Office Address:	PM12: 23
1904 de la destage Dr	2: 351 2: 358 2: 358
1904 de heritage Dr	
Apt # 17203 : orlando	20.5456
Aft # 1 (205? 01 lando	, FL <u>52859</u>
the change or changes are made, the Florida street addres agent will be identical. Or, in the case of a Florida limite was/were authorized by an affirmative vote of the membe the articles of organization or the operating agreement of	e laws of the State of Florida, it is hereby confirmed that after is of the registered office and the business office of the registered id liability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in the limited liability company.
Signature of a member or authorized representative of a member	Mohummedhossen Ali Pour Printed or typed name of signee
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp the obligations of my position as registered agent as prov to merely reflect a change in the registered office address notified in writing of this change.	l agree to act in this capacity. I further agree to comply with the leie performance of my duties, and I am Jamiliar with and accept wided for in Chapter 605, F.S. Or, if this document is being filed s. I hereby confirm that the limited liability company has been
Signature of Registered Agent	