

LS00212084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

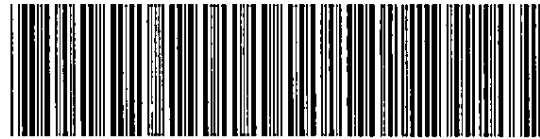
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2017 NOV 20 7:12:35

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Paradise Creative Group, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Katrina Salokar

(Contact Person)

Paradise Creative Group, LLC

(Firm/Company)

16970 San Carlos Blvd. Suite 160-237

(Address)

Fort Myers, FL 33908

(City/State and Zip Code)

For further information concerning this matter, please call:

Katrina Salokar

at 239 908-4581

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

**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: <u>Paradise Creative Group, LLC</u>	
2. (a) <u>16970 San Carlos Blvd.</u> Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b> ) <u>Suite 160-237</u> <u>Fort Myers, FL 33908</u>  <u>12/23/2015</u>	(b) <u>16970 San Carlos Blvd.</u> Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b> ) <u>Suite 160-237</u> <u>Fort Myers, FL 33908</u>  <u>L15000212084</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) <u>Patrick Breen</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>16970 San Carlos Blvd.</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>Suite 160-237</u> <u>Fort Myers</u> , FL <u>33908</u>	
(b) <u>Katrina Salokar</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  <u>NEW Registered Office Address</u> :          <u>FL</u>	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member	<u>Katrina Salokar</u> Printed or typed name of signee
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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 notified in writing of this change.

  
Signature of Registered Agent

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TALLAHASSEE, FLORIDA