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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 1040 ALAMEDA DRIVE, L	LC		
	me of Limited L	iability Company	
Dear Sir or Madam:		ł 	
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted to	r filing.
Please return all correspondence concerning t	his matter to the	following:	
Emily Smith			
Name of Person			
Paracorp Incorporated		1	20 SE TAL
Firm/Company		 	CARE TO A
PO Box 160568			NEDARY OF STANASSEE, FLOI
Address			2
Sacramento, CA 95816			ORID #
City/State and Zip Code			
E-mail address: (to be used for future an	mual report notif	īcation)	1À 28
For further information concerning this matter	r, please call:		TI SE TILLARI
Emily Smith	888 at (280.6563	TARY HASSE
Name of Person		Area Code & Daytin	ne Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.G	alling Address: gistration Section vision of Gorporations D. Box 6327 Ilahassee, Florida 3231	Telephone Number A II: 53
Enclosed is a check for the followin	g amount:	t	
■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certific	ed Copy
INHS18 (2/14)		E	

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	me of the limited liability company: 1040 ALA	MEDA DRI	VE, LLC	
2. (a)	, , <u>———</u>	(b)		
<i>D.</i> (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	189 S ORANGE AVE STYE 970		189 S C	DRANGE AVE STYE 970
	ORLANDO, FL 32801		ORLAN	DO, FL 32801
	03/08/2016		L160000	046850
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	B & C CORPORATE SERVICES OF CEN	NTRAL FLO	RIDA	
5. (a)	Registered Agent and Registered Office shown on the record	s of the Florida	Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		
	390 NORTH ORANGE AVE STE 1400			
	ORLANDO	FL 32801		7911 7
(b)	Paracorp Incorporated			JUL CARE
(0)	Enter name of NEW Registered Agent and/or NEW Register	ered Office add	ress:	2b
			1	Fig. >
	155 Office Plaza Drive, 1st Floor		-	OF LOW
	NEW Registered Office Address:		1	ATE ARIDA
	Tailahassee		 	_
	laildhessee	, FL323	01	
the cha agent v was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite creatithorized by an affirmative vote of the member cless of organization of the operating agreement of ture of a member or authorized representative of a member	s of the regis d liability co es of the lim the limited li	tered officempany, it steed liability ability con	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compaigations of my position as registered agent as provely reflect a change in the registered office address a in writing of this change.	tete performa vided for in C s, I hereby co	ince of my hapter 60	duties, and Lam familiar with and accept 5. F.S. Or, if this document is being filed
Signatu	Milton Vong, Assistant So	ecretary		
o.g.mii	Division of Corporations • P.	O. Box 6327	(• Tallaba	ssee, FL 32314

FILING FEE: \$25.00