

L14000072821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

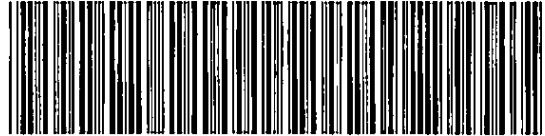
(Business Entity Name)

(Document Number)

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JAN 11 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2017

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

SUBJECT: 8340 LAUREATE BLVD., LLC  
Ref. Number: L16000072821

We have received your document for 8340 LAUREATE BLVD., 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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 417A00026317

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 8340 Laureate Blvd., LLC  
Name of Limited 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:

**Destiny Baylor**

Name of Person

**Paracorp Incorporated**

Firm/Company

**2804 Gateway Oaks Dr #100**

Address

**Sacramento, CA 95833**

City/State and Zip Code

**paracorp@myparacorp.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Destiny Baylor**

Name of Person at (800) 533-7272  
Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$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: 8340 Laureate Blvd., LLC

2. (a) 189 S. ORANGE AVE., STE. 970 (b) 189 S. ORANGE AVE., STE. 970

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

04/14/2016

L16000072821

3. Date of filing/registration in Florida 4. Document number

5. (a) B&C Corporate Services of Central Florida  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

390 North Orange Avenue suite 1400  
Orlando, FL 32801

(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:

Tallahassee, FL 32301

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.

Anthony W. Justice

A. Justice  
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 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.*

Milton Vong Assistant Secretary  
Signature of Registered Agent

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