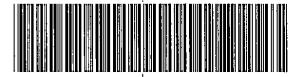
## Li6000119668

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

Office Use Only



200306996962

RECEIVED

JAN 10 2018

12/28/17-\01021--017 \*\*25.00

J. HARRIS

## COVER LETTER

	Registration Section Division of Corporations			
SHRIE				
5011.77	Name o	Limited Lia	bility Company	
Dear Sir	or Madam:		•	
The encl	osed Registered Agent/Registered Office (	Change and f	ee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this m	atter to the fo	ollowing:	
Destiny	y Baylor		İ	
	Name of Person		-	
Paraco	orp Incorporated			
	Firm/Company		_	
2804 (	Sateway Oaks Dr #100			
	Address		_	
Sacrar	mento, CA 95833			
	City/State and Zip Code		_	
paraco	orp@myparacorp.com		ľ	
12-	mail address: (to be used for future annual	report notific	ration)	
For furt	her information concerning this matter, ple	ase call:		
Destin	y Baylor	800	533-7272	
	Name of Person		Area Code & Daytime Telephone Nu	unbei
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	ration Section Registration of Corporations Division Building P.O. Box executive Center Circle Tallahass		
	Enclosed is a check for the following an	iount:	1 •	
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	
INHS18	(2/14)			



December 29, 2017

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

SUBJECT: MAST MANAGEMENT, LLC

Ref. Number: L16000119668

We have received your document for MAST MANAGEMENT, 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: 417A00026324

## 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

Name of the limited liability	/ company: Mast Manage	ement, Ll	_C			
2. (a) 200 SOUTH ORANG		(b)	200 SOUT	TH ORANGE	AVE #800	
Principal office address	s of limited liability company: BE STREET ADDRESS	(")	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
ORLANDO, FL 328	01		ORLANDO	), FL 3280 <mark>1</mark>		
					.,	
06/24/2016			L16000	119668		
Date of filing/re	gistration in Florida	4.	De	ocument number		
5. (a) BQC COYP Registered Agent and Registe	OTALE SETVICES red Office shown on the records of	of ( fthe Florida I	entral Dept. of State:	Florida		
	(MUST BE FLORIDA STREET				, ,	
	ange Ave., s			1		
_Orlando	. 19	L <u>32</u>	<u>801</u>	•	<del></del>	
(b) Paracorp Incorpor	ated					
Enter name of NEW Register	ed Agent and/or NEW Registere	d Office add	ress:		, •	
155 Office Plaza	Drive, lst Floor			! 	ça.	
NEW Registered Office Add						
,		<del></del>		I		
Tallahassee	, FI	L323	01			
If the limited liability company the change or changes are made agent will be identical. Or, in the was/were authorized by an affir he articles of organization on the Signature of a member or authorized I hereby accept the appointment of all statutes relative he obligations of my position as merely reflect a change in the otified in writing of this change	, the Florida street address one case of a Florida limited limited limited limited vote of the members e operating agreement of the representative of a member at as registered agent and as a to the proper and completes registered agent as provide registered office address. If	of the regist iability cor of the limited li	ered office an apany, it is hotel liability company.  Point this capaci	and the business of ereby confirmed to ompany or as other one.  Anthony  Interview of further agree	hat the change(s) erwise provided in  Nustice of signer	
	Milton Vong, Assis	tant S	ecretur	+		

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