## L/(e00)133526

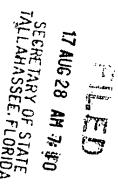
| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (C) (C) (C) (C) (C) (C) (C)             |  |  |  |  |  |  |
| (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



000302501460

08/28/17--01011--028 \*\*25.08



## 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.

| Florida.  |  |   |  |  |                           |  |  |
|-----------|--|---|--|--|---------------------------|--|--|
| 1.        | Na   | Name of the limited liability company: Parrish Gardens LLC.   |  |  |                           |  |  |
| 2.        | (a) _  | ) 5900 SW 185 <sup>th</sup> way (b) !   | 5900 SW 1                                  | 185th way                                      |                           |  |  |
|           |  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |  | ss of limited liability co<br>Y BE POST OFFICE |                           |  |  |
|           |  | Southwest Ranches, FL 33331   | Southwest R                                | anches, Fi                                     | 33331                     |  |  |
|           |  |   |  |  |                           |  |  |
|           |  | 07/15/110   | al. 000 10                                 | 3 2 - 21                                       |                           |  |  |
| 3.        |  | Date of filing/registration in Florida 4.   | Document                                   | 3 3 3 2 W                                      |                           |  |  |
| 5.        | (a)  | rinited Stales Countration Agents   | · Inc                                      | . nanovi                                       |                           |  |  |
| ٦.        | (a)  | Registered Agent and Registered Office shown on the records of the Florida Dep  | of State:                                  |  |                           |  |  |
|           |  |   |  | , <del>+</del> •                               |                           |  |  |
|           |  | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  | TĀ.<br>13<br>14                                |                           |  |  |
|           |  | 5900 SW 185 " Way,  |  | AUG<br>CRE I                                   |                           |  |  |
|           |  | Southwest Kanones FL 3333   | 1  | G 28<br>IAR<br>ASS                             | - Alberta<br>- Company    |  |  |
|           | (b)  | o luke Hansford   |  | 1,333<br>30 A                                  |                           |  |  |
|           | (-)  | Enter name of NEW Registered Agent and/or NEW Registered Office address   | <u>s</u> :                                 | 1.S.   |                           |  |  |
|           |  |   |  | A CO   |                           |  |  |
|           |  | NEW Registered Office Address:  | <del></del>                                | 44   |                           |  |  |
|           |  | 5900 SN 185th way   |  |  |                           |  |  |
|           |  | Calletinat Danchace 2222  | •  |  |                           |  |  |
|           | SOUTHWEST KUILVUS, FL 33331  |   |  |  |                           |  |  |
| If<br>the | the li<br>e cha  | e limited liability company is not organized under the laws of the Sta<br>hange or changes are made, the Florida street address of the register | ite of Florida, it is led office and the b | hereby confirmed the usiness of the            | nat after<br>e registered |  |  |
| ag        | 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       | the articles of organization or the operating agreement of the limited liability company.  |   |  |  |                           |  |  |
| 7         | Signat   | nature of a member or anthorized representative of a member   | Q Hanstore<br>Printed or t                 | yped name of signee                            |                           |  |  |
| T<br>pr   | Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the   |   |  |  |                           |  |  |
| the to    | 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. |   |  |  |                           |  |  |
| no        | notified in writing of this change.  |   |  |  |                           |  |  |
| BH        | Signature of Registered Agent  |   |  |  |                           |  |  |

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