## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845) 425-0077 : (845)818-3588 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* statenotices@vcorpservices.com

Email Address:

(,,

## LLC REGISTERED AGENT CHANGE 15001 WINTER GARDEN, LLC

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K. SALY

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## 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.

. Na	me of the limited liability company: 15001 Winter	Gardei	ı, LLC
. (a)	8342 1/2 W. 3RD STREET, STE. A	(b)	8342 % W 3RD STREET STE A
· ( <del>-</del> ) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LOS ANGELES, CA 90048	<del>.</del>	LOS ANGELES, CA 90048
		-	
	8/4/2016		L16000145774
•	Date of filing/registration in Florida	4.	Document number
. (a)	PARACORP INCORPORATED		
. (2)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		<b>58 8</b>
	Registered Office Address	ODRESS	SEP F
	TALLAHASSEE	32301	
(b)	Vcorp Services, LLC		dres:
,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dres Silia
	5011 South State Road 7, Suite 106		<b>≫</b>
	NEW Registered Office Address:	<u></u>	
			·
	Davie , FL	33314	
he cha igent v was/wi he arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an afternative vote of the members of icles of organization of the operating agreement of the limited is member or authorized representative of a member by accept the appointment as registered agent and agreely after the statutes relative to the proper and complete lightions of my position as registered agent as provided ely reflect a change in the registered office address, I have been supposed to the proper and complete and respect to the proper and complete all provided the statutes of the proper and complete and respect to the proper and complete and respect to the proper and complete and respect to the proper and complete and the proper	the regis bility co I the lim limited I	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.  If Haber  Printed or typed name of signee
ne ooi o meri totifie:	rigations of my position as registered agent as provided elly reflect a change in the registered office address, I had in writing of this change.	iereby c	onfirm that the limited liability company has been

Signature of Registered Agent