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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FIORITA

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|------------|--|--|--|
| SUBJE | PARADISE 254 LLC | | |
| | | of Limited Li | ability Company |
| Dear S | ir or Madam: | | |
| The en | closed Registered Agent/Registered Office | e Change and | fee(s) are submitted for filing. |
| Please | return all correspondence concerning this | matter to the | following: |
| JUAN | L. NIEVES | | |
| | Name of Person | ······································ | |
| | | | |
| | Firm/Company | | |
| 15197 | 7 MONTROSE ROAD Address | | |
| B 41 A B 4 | | | |
| IVIIAIV | II LAKES FLORIDA 33016 | | _ |
| | City/State and Zip Code | | |
| | @mjrealestategroup.com | | |
| Ē | -mail address: (to be used for future annua | l report notif | ication) |
| For fur | ther information concerning this matter, pl | lease call: | |
| JUAN | I L NIEVES | 305 at (| 332-9784 |
| | Name of Person | | Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Reg Div P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314 |
| | Enclosed is a check for the following a | mount: | |
| | \$25 Filing Fee | □ \$5 | 5 Filing Fee & Certified Copy |
| INHS18 | 3 (2/14) | | |

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. 1 | Name of the limited liability company: PARADISE 2 | | | · · · · · · · · · · · · · · · · · · · | | |
|-------------------------|---|--|---|---|---|--|
| 2. (a | 15197 MONTROSE ROAD | (b | (b) 15197 MONTROSE ROAD | | | |
| (- | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | ailing address of limite | d liability com | |
| | MIAMI LAKES FLORIDA 33016 | | MIAMI L | AKES FLORIDA | 33016 | |
| | 10/17/2016 | | L1600019 | 1578 | | |
| (a) | Date of filing/registration in Florida JUAN L NIEVES | 4. | | Document number | | |
| J. (| Registered Agent and Registered Office shown on the records of 7301 POINCIANA CT | f the Florida | Dept. of State | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | 2) | • | SEC FALLA | | |
| | MIAMI LAKES , FI | _L 33014 | | | JIE JANY AHASSE | FILE |
| (b | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office ad | dress: | | FR 3: 43 EE, FLORIDA | - |
| | NEW Registered Office Address: | | | | | |
| | 15197 MONTROSE ROAD | | | | | |
| | MIAMI LAKES FI | _{L_} 33016 | | | | |
| the clagent was/v | limited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | of the reginability control of the limited | stered office ompany, it is nited liability | and the business of hereby confirmed company or as oth pany. | ffice of the r that the char | egistered ige(s) |
| Shg | nature of a member or authorized representative of a member | | | Printed or typed name | of signee | |
| I her provi | reby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide the reflect a change in the registered office address, led in writing of this change. | gree to ac e perform ed for in (I hereby c | t in this capa ance of my a Chapter 605, onfirm that t | city. I further agre luties, and I am fan F.S. Or, if this do he limited liability | ee to comply niliar with a cument is be company ha | with the nd accept ing filed s been |
| Signa | ture of Registered Agent | | | | | |
| | | | | | | |