L16000 195 700

(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



700334945127

10/07/19--01032--094 **25.00

OCT 2 9 2019 S. YOUNG

COVER LETTER

	Registration Section Division of Corporations					
	The Paracosm Group LLC					
SUBJE	CT:Nan	ne of Limi	ted Li	ability Company		
Dear Si	or Madam:					
		· 01		C () 10 C		
The enc	losed Registered Agent/Registered Off	ice Chang	e and	fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning th	is matter t	o the f	following:		
Micha	el Szochet					
	Name of Person	<u></u>	 .			
The P	aracosm Group LLC					
	Firm/Company		· · · · · ·			
1778	NE 17th St					
	Address					
Fort L	auderdale, FL 33305					
• • • • • • • • • • • • • • • • • • • •	City/State and Zip Code					
micha	el@theparacosmgroup.com					
E-	mail address: (to be used for future ann	iual report	notifi	ication)		
For furt	her information concerning this matter.	please ca	П:			
Micha	el Szochet	90	80	334-4930		
		at ()		
	Name of Person			Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MA	AILING ADDRESS:		
	Registration Section		Reg	gistration Section		
	Division of Corporations		Division of Corporations			
	Clifton Building			D. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tal	llahassee, Florida 32314		
	Enclosed is a check for the following	amount:				
ı	\$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy		
INHS18	(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.

(a)		(b	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1778 NE 17th St		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX
	Fort Lauderdale, FL 33305		
	10/24/2016		L16000195700
	Date of filing/registration in Florida	4.	Document number
	Registered Agent and Registered Office shown on the record	s of the Florida	ua Dept. of state.
	UNITED STATES CORPORATION AGE Registered Office Address (MUST BE FLORIDA STRE) 13302 WINDING OAK COURT A TAMPA	NTS, INC. ET ADDRESS 33612	
(b)	Registered Office Address (MUST BE FLORIDA STRE 13302 WINDING OAK COURT A	NTS, INC. ET ADDRESS 33612 FL	19 OCT -7 PH
(b)	Registered Office Address (MUST BE FLORIDA STRE 13302 WINDING OAK COURT A TAMPA Enter name of NEW Registered Agent and/or NEW Regist	NTS, INC. ET ADDRESS 33612 FL	

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.

Signature of a member or authorized representative of a member

MICHAEL SZOCHET

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.

MICHAEL SZOCHET

Signature of Registered Agent