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SECRETARY OF STATE
FALLAHASSEE FLORIDA

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COVER LETTER

Registration Section
Division of Corporations

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INHS18 (2/14)

SUBJECT: Paraway Heal Estate Name of Limited Liability Company
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amberly Paradoa, DPM Name of Person
Paraway Real Estate Erm/Company
1034 Clearmont St
Sebastian Fl 32958 City/State and Zip Code
Oshleys. a fair a gmail. Com E-mail address: (to be used for future annual tenort notification)
For further information concerning this matter, please call:
Kumberly Snell at (772), 299-7009 ext 101 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Paraway Real Estate, LLC
2. (a) 1034 Clearmont St (b) 3735 11th Circle
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
<u> Sebastian Fl 32958</u> <u>Suite 201</u>
Vero Beach KI 32960
11/2/2011
3. Date of filing/registration in Florida 4. Document number
5. (a) Northwest Registered Agent LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3030 N. Rocky Point DR.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 150A
Tama 8 33007
SSE TO THE RESERVE TO
(b) Hymberly Haradoa, DPM
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1034 Clearmont St.
NEW Registered Office Address:
Solonot : 300-0
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.
Amberly Haradra DPM
Signature of a member or authorized representative of a member Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I Jurther 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
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 or change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
notified in writing of this change.
Signature of Registered Agent