

L16000216030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

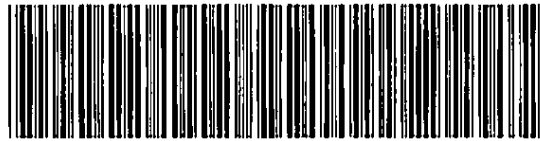
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paradise Vacations LLC
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:

Dewey Paxton
Name of Person

Paradise Vacations LLC
Firm/Company

8001 Sheldon Rd Suite 201
Address

Tampa, FL 33615
City/State and Zip Code

Dewey @ guysparadise.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dewey Paxton at (813) 857 6089
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

RECEIVED
MAY 21 2021

**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: Paradise Vacations LLC

2. (a) 8320 Stone Run Ct (b) 8001 Sheldon Rd

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Site 102
Tampa, FL 33615

Site 201
Tampa, FL 33615

3. 11/28/2016
Date of filing/registration in Florida

4. C16000216030
Document number

5. (a) Blue Water Vacations
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8320 Stone Run Ct.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Site 102
Tampa, FL 33615

(b) Priscilla Paxton
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

15908 Willowdale Rd
NEW Registered Office Address:

Tampa, FL 33625
_____, 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

Jeff Yarbott (Blue Water Vacations)
Printed or typed name of signer

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.

Signature of Registered Agent

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