## L17 000 011207

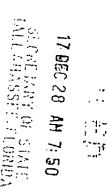
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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12/28/17--01021--005 \*\*25.00



## COVER LETTER

TO:

INHS18 (2/14)

то:	Registration Section Division of Corporations					
SUBJI	Space Coast Realty & Investments, LLC					
SODA	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	ce Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the fo	llowing:			
Desti	ny Baylor					
	Name of Person	.,,,	-			
Para	corp Incorporated					
	Firm/Company		_			
2804	Gateway Oaks Dr #100		_			
	Address					
Sacr	amento, CA 95833		_			
	City/State and Zip Code					
para	corp@myparacorp.com					
E-mail address: (to be used for future annual report notification)						
For fu	rther information concerning this matter,	please call:				
Dest	iny Baylor	800 at (	533-7272			
	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	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314			
	☑ \$25 Filing Fee	□ \$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.

i Nar	ne of the limited liability company: Space Coast	Realty & Inv	vestments, LLC	
5	3660 ASTRONAUNT BLVD STE 208	(h) 866	30 ASTRONAUNT BLVD STE 208	
2. (a) <u>`</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	CAPE CANAVERAL, FL 32920	<u>CA</u>	PE CANAVERAL, FL 32920	
	01/18/2017	L17	000011207	
i, -	Date of filing/registration in Florida	4.	Document number	
i. (a)	Registered Agent and Registered Office shown on the records of TQU P angle Are with IXW	the Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET)		17 <b>05</b> 0	
	,FI	72501		
(b)	Paracorp Incorporated			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		7: 50 STATE LORIDA	
	155 Office Plaza Drive, 1st Floor NEW Registered Office Address:			
	Taliahassee	22201	<del></del>	
the cha agent was/we the artic	mited liability company is not organized under the lange or changes are made, the Florida street address or ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles of organization or the operating agreement of the ure of a member or authorized representative of a member	f the registered lability compa of the limited	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
l hereb provision (he obli to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change		nis capacity. I further agree to comply with the of my duties, and I am familiar with and accep ter 605, F.S. Or, if this document is being filed in that the limited liability company has been	
Signatur	re of Registered Agent Multan Vincy As	sistant s	secretary	