L17000054822

(Re	questor's Name)	_	
(Ad	dress)	<u> </u>	
(Ad	idress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ві	isiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	Office Use On	lv	



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D. SCOTT



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2017

DESTINY BAYLOR
PARACORP INCORPORATED
2804 GATEWAY OAKS DR #100
SACRAMENTO, CA 95833

SUBJECT: GRAND CANAL INVESTMENTS I, LLC

Ref. Number: L17000054822

We have received your document for GRAND CANAL INVESTMENTS I, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 217A00026320

www.sunbiz.org

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COVER LETTER

Division of Corporations			
GRAND CANAL INVESTME	NTS I, LLC		
SUBJECT: Name	e of Limited Lia	ability Company	
Dear Sir or Madam:			ļ
The enclosed Registered Agent/Registered Offic	ce Change and f	fee(s) are submitted for filin	g.
Please return all correspondence concerning this	s matter to the f	following:	
Destiny Baylor			1
Name of Person		_	
Paracorp Incorporated			
Firm/Company		_	1
2804 Gateway Oaks Dr #100			
Address		_	1
Sacramento, CA 95833			TILED A HE
City/State and Zip Code		- -	ا الله الله الله الله الله الله الله ال
paracorp@myparacorp.com			5 5
E-mail address: (to be used for future annual	ual report notifi	cation)	
For further information concerning this matter,	please call:		. 1: C:3
Destiny Baylor	800 at (533-7272	. 2 !
Name of Person		Area Code & Daytime Tel	ephone 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	□ \$5	55 Filing Fee & Certified Co	ру

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.

rtoride			.	
I. Na	me of the limited liability company: GRAND CAN	NAL INVESTMENTS I, LLC		
2. (a)	200 SOUTH ORANGE AVE #800	(b) 200 SOUTH OR	ANGE AVE #800	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing addre	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ORLANDO, FL 32801	ORLANDO, FL 32	2801	
	03/10/2017	L17000054822		
3.	Date of filing/registration in Florida	4. Document	number	
5. (a)	B&C Corporate Services Registered Agent and Registered Office shown on the records o	of Central Flor the Florida Dept. of State:	rida	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
		TTC 14(1)	1	
	390 N. Orange Ave., S	DIE 1700		
	<u>orlando</u> , F	1 <u>32301</u> _		
			23	
(b)	Paracorp Incorporated			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:		
	155 Office Plaza Drive, 1st Floor	***		
	NEW Registered Office Address:		A Region	
			1,5	
	Tallahassee , F	L 32301		
the chargent agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered office and the oliability company, it is hereby coordinated liability company is limited liability company.	onfirmed that the change(s)	
	t. Jutia		yped name of signed	
	ature of a member or authorized representative of a member		1	
orovis he ob o mer	by accept the appointment as registered agent and ay ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address and in writing of this change.	e performance of my dates, and led for in Chapter 605, F.S. Or, I hereby confirm that the limited	The agree to comply want the lam familiar with and accept if this document is being filed liability company has been	
Signat	Milton Van tssistat S	secitory		

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