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to White

## COVER LETTER

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Chasike Paradise 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:		
Name of Person		
Chasins Paradise, UCC Firm/Company		
2025 Teagurden Lo		
Nuples F2 34110  City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (239) 272-3353  Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
□ \$25 Filing Fee & Certified Copy		
INHSI8(2/14)  I mailell a tech for \$35 which was  Graded on San 15, 2019.		
anded on Xan 15,2014.		

## 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. Na	ime of the limited liability company:	idise, LLC
2. (a)	· Chasins Paradise, vic. (b)	Same  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Nupres Fr 34110	
_	8-25-2017	L17006142317
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	;
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	3030 N ROCKY P+. Dr. #	150 A -
	Tümpa .FL 33607	IN FEB
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	PSS 1
	Lori Ann Winter Bassel	To B
	ZOZS TRAUTINGEN LN	- E 21 - E 21
	NEW Registered Office Address:	24 8.65
		<del>".</del> '
	Naples FL 34110	
the cha agent was/we	imited liability company is not organized under the laws of the State of Floinge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is the east of the members of the limited liability questions or the operating agreement of the limited liability com	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in
Signat	ure of a member or authorized representative of a member	A WINTER SUSEL MNGK Printed or typed name of signee
I herel provisithe obli to mere notified	by accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my a igations of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address, I hereby confirm that it I inheriting of this change.	luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatur	re of Registered Agent	28-19

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00