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(City/State/Zip/Phone #)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations		·	
SUBJECT: Parchin LLC			
Name	of Limited Lia	bility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	e Change and f	ee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the fe	ollowing:	
Harry Panahi			
Name of Person		_	
Goldent Inc			
Firm/Company			
8100 Royal Palm Blvd. Ste 110			
Address		_	
Coral Springs, FL 33065			
City/State and Zip Code		_	
harrypanahi@gmail.com			
E-mail address: (to be used for future annu-	al report notific	ration)	
For further information concerning this matter, p	lease call:		
Harry Panahi	678 at (2322924	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

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

(b)	
(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
 L180	000022044
4.	Document number
he Florida Dept. o	of State:
ADDRESS)	 DIVIS 38
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Office address:	AN 9: 3 TORK
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330	<u>67</u> ·
the registered ability company f the limited li limited liabilit	of Florida, it is hereby confirmed that after office and the business office of the registered by, it is hereby confirmed that the change(s) it is hereby confirmed that the change(s) it is hereby confirmed that the change(s) it is hereby confirmed in the change of signed. All Hanalu
	Printed or typed name of signee
	L180 4. the Florida Dept. DDRESS) 33067 Office address: So of the State the registered ibility compan f the limited limit

FILING FEE: \$25.00

INHS18 (2/14)