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(1	Requestor's Name)		
(,	Address)		
(Address)		
(1	City/State/Zip/Phone #)		
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(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations	ı				
SUBJECT: Paradise Coas	Builders 1, LLC nited Liability Company				
Dear Sir or Madam:	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:					
Rosalie a. Silguerd Name of Person					
Paradose Orst Builders Firm/Company	s 1				
4704 Little Legue Ro Address	<u>√.</u>				
Immo Kalee, F1 34142 City/State and Zip Code					
rosa lie. Si lauero Q ymail. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: ROSQ Il Si Gull rd at (\$\frac{339}{\$\frac{37}{					
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	☐ \$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.

	me of the limited liability company: Paradisc Was	St Builders 1, LL
1. Na	MANUEL DI	BI Duriers = je
2. (a)	4104 LITTLE League Kd. (b) Sa	mp
		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Inmokalee Fl 34142	
		32-52 89083)
		30 - 52 0 10 0 5)
	<u>4-23-2018</u> <u>(</u>	15/3 A
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Mercedes Silguero	
J. (L)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	· :
		₹-11. &
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	·
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	等数 高 型
	4104 Little League Ra.	11LE
	I mmo kalee FL 34142	۳. ° آ
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(b)	Rosalie U. Silguero	$\mathbb{Q}^{\frac{1}{1-\epsilon}}$ ω
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	26 15/1
		3,
	4704 little legano Rd	
	NEW Registered Office Address:	
	<u></u>	
	T . 1/1	
	ImmoRalpe FL 34142	
If the 1	mitad liability commany is not consulted under the laws of the Consulted	
the cha	mited liability company is not organized under the laws of the State of Flo nge or changes are made, the Florida street address of the registered office	rida, it is hereby confirmed that after and the business office of the registered
agent w	ill be identical. Or, in the case of a Florida limited liability company, it is	hereby confirmed that the change(s)
was/we the artii	re authorized by an affirmative vote of the members of the limited liability cles of organization or the sperating agreement of the limited liability com	company or as otherwise provided in
1/	Koords	
-مراز Signat	are of a member or authorized representative of a member	Printed or typed name of signee
-	y accept the appointment as registered agent and agree to act in this capa	· · · · · · · · · · · · · · · · · · ·
provisio	ons of all statutes relative to the proper and complete performance of my a gations of my position as registered agent as provided for in Chapter 605,	luties, and I am familiar with and accept
ио тере	ty rejtect a change in the registerea office address, I hereby confirm that t	. r.s. Or, if this document is being filed he limited liability company has been
notified	in writing of this change.	
Signatur	e of Registered Agent	
P I GILLII	o or reportered rights	