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



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COVER LETTER

| Divi | sion of Corporations | | | | | | | |
|-------------------------------|---|-----------------------------|---|--|--|--|--|--|
| SUBJECT: | PARATINS HOLDING LLC | | | | | | | |
| | Name of Limited Liability Company | | | | | | | |
| Dear Sir or N | Madam: | | | | | | | |
| The enclosed | d Registered Agent/Registered Off | ice Change and fo | ec(s) are submitted for filing. | | | | | |
| Please return | all correspondence concerning th | is matter to the fo | llowing: | | | | | |
| Gabriela Z | Zanella Hermes | | | | | | | |
| | Name of Person | · | - | | | | | |
| N/A | | | | | | | | |
| | Firm/Company | | - | | | | | |
| 421 NE 6 | Street, Unit 1012 | | | | | | | |
| | Address | | - | | | | | |
| Fort Laude | erdale, FL 33304 | | | | | | | |
| | City/State and Zip Code | | - | | | | | |
| GabrielaZ | Hermes@hotmail.com | | | | | | | |
| E-mail | address: (to be used for future and | nual report notific | ation) | | | | | |
| For further is | nformation concerning this matter | , please call: | | | | | | |
| Gabriela Z | anella Hermes | 754 | 304-9988 | | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | | |
| Regi Divi Clift 2661 | istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301 | Regi Divis P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314 | | | | | |
| Enc | Enclosed is a check for the following amount: | | | | | | | |
| ☑ \$ | 25 Filing Fee | Filing Fee & Certified Copy | | | | | | |

TO:

Registration Section

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 | me of the limited liability company: PARATINS | HOLDIN | G LLC | | | |
|--|---|--|---|---|--|---------------------------------------|
| 2. (a) | 421 NE 6 Street, Unit 1012 | (b | (b) 421 NE 6 Street, Unit 1012 | | | |
| 2. (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0 | Ma | ailing address of limited li (Note: MAY BE POST (| | |
| | Ft. Lauderdale, FL 33304 | | Ft. Laude | rdale, FL 33304 | . | |
| | 04/15/2018 | | L18000093 | 3048 | | |
| 3. | Date of filing/registration in Florida | 4. | E | Document number | | |
| 5. (a) | Corporate Creations Network Inc. | | | | | |
| J. () | Registered Agent and Registered Office shown on the records of | of the Florida | Dept. of State: | | | |
| | | | | •• | 29 | |
| | Registered Office Address (MUST BE FLORIDA STREE | 2 | | 2019 SE; | | |
| | 11380 Prosperity Farms Rd #221E | | | | <u>F</u> , | - 1 |
| | Palm Beach Gardens | _L 33140 | | | -1 | |
| (b) | Gabriela Zanella Hermes | | | | ٠. | |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | : 50 | |
| | 421 NE 6 Street, Unit 1012 | | | | | |
| | NEW Registered Office Address: | | | | | |
| | | | | | | |
| | Ft. Lauderdale | _L 33304 | | | | |
| the cha agent v was/we the arti | imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the properties. | of the regis liability co s of the lim ne limited l | stered office a simpany, it is be ited liability inability compared to L. Hermo | and the business offic hereby confirmed tha company or as otherw pany. es | te of the reg t the chang vise provid | gistered e(s) |
| - | ture of a member or authorized representative of a member | | | Printed or typed name of s | • | |
| provisi the obl to mer | by accept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change | gree to act te perform ded for in C I hereby co | in this capac ance of my di chapter 605, onfirm that th | city. I further agree to tiles, and I am familio F.S. Or, if this docum te limited liability con | o comply war with and ment is bein mpany has l | ith the accept og filed been |
| Signaly | thula somula termes re of Registered Agent | | | | | |