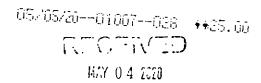
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL	
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(Document Number)		
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COVER LETTER .

TO: Registration Section Division of Corporations		
CADIRRAC, LLC SUBJECT:		
	me of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the i	following:
ALISIA MOJARRO		
Name of Person		
PARACORP INCORPORATED		
Firm/Company		
2804 GATEWAY OAKS DR #100		
Address	-	<u> </u>
SACRAMENTO, CA 95833		
City/State and Zip Code		
AMOJARRO@MYPARACORP.COM		
E-mail address: (to be used for future and	nual report notifi	cation)
For further information concerning this matter	, please call:	
ALISIA MOJARRO	916 at (5766997
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	amount:	
DT\$25 Filing Fee	C \$5	5 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.

1. Na	ame of the limited liability company:CADIRRAC,	LLC	
7 (0)		(b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5300 BROKEN SOUND BLVD NW #110		
	BOCA RATON, FL 33487		
	7/5/2018	Li	8000162992
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T CORPORATION SYSTEM		
3. (a)	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
		22224	7.02
	PLANTATION	FL	7020 MAY
41.5	PARACORP INCORPORATED		7
(b)	Enter name of NEW Registered Agent and/or NEW Registe	red Office addres	<u> </u>
		· · · · ·	- - -
			<u> </u>
	NEW Registered Office Address:		
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		
	TALLAHASSEE	FL	
change agent v was/we the arti Signal I herel provisite oblite mere	imited liability company is not organized under the for changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the proper and complete of a member or authorized representative of a member on a distribute to the proper and completely reflect a change in the registered agent as proving the proper and completely reflect a change in the registered office address. I in writing of this change.	laws of the Sta he registered o liability composes of the limited he limited liabi	Hice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company. Athur Luture Printed or typed name of signee