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Office Use Only



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2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

REFERENCE:

Cori Ann Crosthwaite

1250750

AE:

Date: February 21, 2019

Registration Section Division of

Corporations

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX:

TO:

PLEASE PERFORM THE FOLLOWING:

BELOW THE REEF LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

H1039

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. N	ame of the limited liability company:BELOW_THE	REEF	LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-, .	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12327 SW 147TH TERRACE	_	12327 SW 147TH TERRACE
	MIAMI, FL 33186		MIAMI, FL 33186
	09/13/2018		L18000217879
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of the	e Florida D	Dept. of State:
	PARACORP INCORPORATED		
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	
	155 OFFICE PLAZA DRIVE, 1ST FLOO	OR	
	TALLAHASSEE , FL_	32301	2019 FEB 26
(b)			Wie P
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addre	FEB 26 PH 12: 54
	Rocket Lawyer Corporate Services	s LLC	منط التيون
	NEW Registered Office Address:		
	155 OFFICE PLAZA DRIVE, 1ST FLOO	OR	
	Tallahassee, FL	32301	1
the charagent was/wer the project of the project of the provision of the p	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liability to the interest of the members of the sof organization or the operating agreement of the lines of a member or authorized representative of a member of all statutes relative to the proper and complete per pations of my position as registered agent as provided for reflect a change in the registered office address, I her in writing of this change.	te register ility composite limited liab	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.

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

Ast Secatory

Signature of Registered Agent