

118000 218 585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

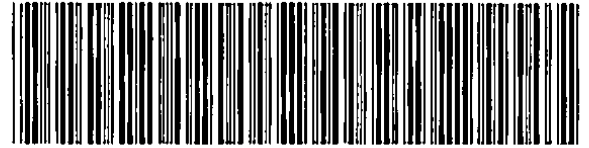
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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C McNAIR



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:

Date: February 21, 2019

AE: Cori Ann Crosthwaite

TO: Registration Section Division of  
Corporations  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

H1039

REFERENCE: 1250757

FAX:

PLEASE PERFORM THE FOLLOWING:

INSOMNIARCHY LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

2019 FEB 26 PM 12:54  
CORPORATION  
TALLAHASSEE, FL 32301

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

**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. Name of the limited liability company: INSOMNIARCHY LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

8550 TOUCHTON RD APT 1212

JACKSONVILLE, FL 32216

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

8550 TOUCHTON RD APT 1212

JACKSONVILLE, FL 32216

09/13/2018

L18000218585

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

PARACORP INCORPORATED

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

155 OFFICE PLAZA DRIVE, 1ST FLOOR

TALLAHASSEE, FL 32301

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Rocket Lawyer Corporate Services LLC

**NEW Registered Office Address:**

155 OFFICE PLAZA DRIVE, 1ST FLOOR

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Jessica Scholl  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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