## 118000218628

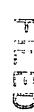
(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Paris of Falls March								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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02/26/19--01033--013 \*\*25.00







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

H1039 REFER

REFERENCE: 1250767

Corporations

**CLIFTON BUILDING** 

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX:

PLEASE PERFORM THE FOLLOWING:

PAMM ENGLISH TRUCKING 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

## 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.

I,	Na	me of the limited liability company: PA	MM ENGL	ISH TRI	JCKING LLC			<u>.</u>
	()	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS		. (0)	Mailing add ( <u>Note: M</u>	ress of limited li		
		25511 LIDO AVE			25511 LID	O AVE		
		SORRENTO, FL 32776		. <u> </u>	SORRENTO,	FL 3277	6	
		09/13/2018			L180002186	528		
3.		Date of filing/registration in Florida	)	4.	Documer	ıt number		<del></del>
5.	(a)							
٠.	(4)	Registered Agent and Registered Office shown on the	records of the	Florida Dep	t. of State;			
	PARACORP INCORPORATED							
		Registered Office Address (MUST BE FLORIDA	STREET AD	DRESS)		50	~>	
		155 OFFICE PLAZA DRIVE, 1	R		TA C	019		
		TALLAHASSEE		32301			2019 FEB :	ا ا ا
						3.	26	4 ====
(	(b)				<i>i</i> .	MID: 31	8 T B	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				<u>.                                    </u>	<u></u>	
		Rocket Lawyer Corporate S	ervices	LLC		riz M	<u>:</u>	
		NEW Registered Office Address:			<del> </del>			
		155 OFFICE PLAZA DRIVE, 1	ST FLO	OR .				
		Tallahassoo	***	2020-				
		Tallahassee	, FL	32301	<del></del>			
the agei was the	char nt w /wer artic	mited liability company is not organized und age or changes are made, the Florida street actili be identical. Or, in the case of a Florida less authorized by an affirmative vote of the material of the operating agreements.	ddress of th imited liable embers of t nt of the lii	e registered lity compa he limited	d office and the b ny, it is hereby co liability company ity company.	ousiness offic onfirmed that or as otherw	e of the t the cha vise pro	registered inge(s)
•	_	re of a member of authorized representative of a member		4 4		typed name of si	_	
prot the d to m	visio oblis verel	vaccept the appointment as registered agent ns of all statutes relative to the proper and c cations of my position as registered agent as y reflect a change in the registered office ad in writing of this change.	t and agree complete pe provided f dress, I hei	to act in ii rformance or in Chap eby confiri	is capacity. I full of my duties, and ter 605, F.S. Or, in that the limited	riner agree id I am familia if this docun I liability con	r with a rent is b pany h	y with the and accept eing filed as been
Signature of Registered Agent								