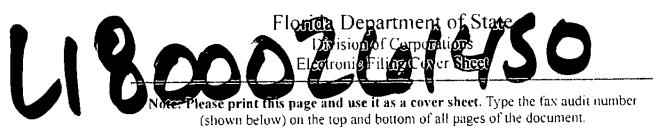
11/24/2020

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 _	 	 	_

NOV 24 PM 3: 0

LLC REGISTERED AGENT CHANGE PALOMA DE LA PAZ, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: PALOMA DE LA PAZ, LLC	PALOMA DE LA PAZ, LLC						
Name of L	imited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.						
Please return all correspondence concerning this matt	er to the following:						
Cheyenne Moseley							
Name of Person							
Legalzoom.com, Inc.							
Firm/Company							
101 N. Brand Blvd., 10th Floor							
Address							
Glendale, CA 91203							
City/State and Zip Code							
adegbuyi@gmail.com							
E-mail address: (to be used for future annual re	port notification)						
For further information concerning this matter, pleas	e call:						
	800 773-0888 ext 9724						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314						
Enclosed is a check for the following amount:							
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

Page: 4 of 4

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	ime of the limited liability company: PALOMA DE	E LA P	AZ, LLC				
	2423 SW 147th Ave., Unit 636		_{b)} 2423 SV	N 147th Ave., L	Init 60	36	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Miami, FL 33185		Miami, F	FL 33185			
	11/07/2018		L1800026	61450			
3.	Date of filing/registration in Florida	_ 		Document number	:r		
<i>5</i> ()	Corazon De Cardona						
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	- e:			
	2423 SW 147th Ave., Unit 636					20	
	Registered Office Address (MUST BE FLORIDA STREET	-		2020 NOV 24	<u>_U</u>		
	Miami Fi	3318	5	-		•	!
(b)	UNITED STATES CORPORATION AGENT Enter name of NEW Registered Agent and/or NEW Registered 5575 S. Semoran Blvd., Suite 36			_		VH 10: r 1	
	NEW Registered Office Address:			-			
	Orlando , F	3282	2	-			
the chagent was/w the art Signal I here provise the obtones	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la tere authorized by an affirmative vote of the members icles of organization on the operating agreement of the fluid of amounter or authorized representative of a member to by accept the appointment as registered agent and as iclinations of all statutes relative to the proper and completed digitations of my position as registered agent as provided	aws of the regliability of the limited	ne State of Flogistered office company, it is imited liability d liability cor orazon De	e and the dustices is hereby confirme ty company or as on pany. Cardona Printed or typed name to be a second type of the seco	ne of sig	the cha	unge(s) vided in
nougu ()	CHEYENNE MOSELEY, ASSISTANT SECRETA STATES CORPORATION AGENTS, INC. ure of Registered Agent						