## L19 000001817

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(Address)			
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(Business Entity Name)			
(Document Number)			
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## GOVER LETTER

TO: Registration Section Division of Corporations	·	
Parallel Dynamics, LLC SUBJECT:	•	
Name of Lin	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chair	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Sinecio B Sahdala		
Name of Person	· ·	
Parallel Dynamics, LLC		
Firm/Company		
13313 SW 124th Street		
Address		
Miami, Florida 33186		
City/State and Zip Code		
sidney.sahdala@parallelmsp.com		
E-mail address: (to be used for future annual repe	ort notification)	
For further information concerning this matter, please	call:	
Sinecio B Sahdala 3	05 905-0906	
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 Tallahassee, Florida 32314	
Enclosed is a check for the following amoun	t:	
<b>☑</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. N	Name of the limited liability company: Parallel Dynamics, LLC			
2. (a)	13313 SW 124th Street	(b) 13313 SW 124th Street		
(,	Principal office address of limited liability control (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Miami, FL 33186	Miami, F	L 33186	
	12/28/2018	L1900000	)1817	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Sinecio B Sahdala			
J. ()	Registered Agent and Registered Office shown on the r	ecords of the Florida Dept. of State	- ::	
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)	7. 7.	
	13406 SW 115th Terrace			
	Miami	. FL 33186	2 17	
(b)	Alberto J Olivo			
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	gistered Office address:	- - - -	
	NEW Registered Office Address:			
	10710 NW 66th Street, #503			
	Doral	. FL 33178		
the ch agent was/w	limited liability company is not organized under ange or changes are made, the Florida street adwill be identical. Or, in the case of a Florida line authorized by an affirmative vote of the medicles of organization or the operating agreement	dress of the registered office mited liability company, it is in the limited liability company.	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	-6/h	Sinecio B Sal		
I here provis the ob to mer notifie	ature of a member or authorized representative of a member of a member of a member of a member of accept the appointment as registered agent sions of all statutes relative to the proper and colligations of my position as registered agent as rely reflect a change in the registered office ado in writing of this change.	and agree to act in this can	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	