

L19 000012651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

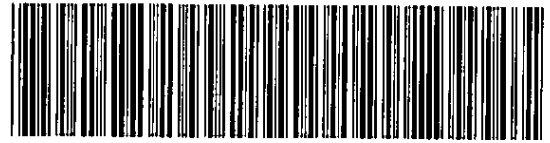
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 DEC 23 PM 3:05

DEC 23

C. GOLDEN

JAN 24 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INITIALIZED, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DESTINY BIRKS

Name of Person

PARACORP INCORPORATED

Firm/Company

2804 GATEWAY OAKS DR #100

Address

SACRAMENTO, CA 95833

City/State and Zip Code

PARACORP@MYPARACORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PARACORP INCORPORATED

800 533-7272
at ()

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



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:

AE: Destiny Birks

TO:

REFERENCE: 1381790



REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

INITIALIZED, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Hello,

Please file the attached Statement of Change. If you have any questions, please contact me at 800-533-7272 ext 6264 or by email at dbirks@myparacorp.com

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	716590	Florida Department of State	\$25

PLEASE RETURN: Email

PLEASE CALL (800)533-7272 ATTN: Destiny Birks 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: INITIALIZED, LLC

2. (a) 4516 BELKIN CT (b) 4516 BELKIN CT

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

ORLANDO, FL 32814

ORLANDO, FL 32814

01/14/2019

L19000012651

3. Date of filing/registration in Florida

4. Document number

5. (a) Paracorp Incorporated (resigned 11/05/2019)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 Office Plaza Dr. 1st Floor

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) Paracorp Incorporated

Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Drive, 1st Floor

NEW Registered Office Address:

Tallahassee, FL 32301

2019 DEC 23 PM 3:05

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

Robert Nunziato
Printed or typed name of signee

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.

Jochy Molina, Asst. Secretary
Signature of Registered Agent

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