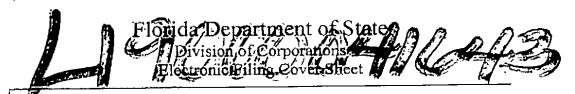
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Division of Corporations

Page 1 of 2



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(((H20000026861 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

Fax Number

: (702)866-2689

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

LLC REGISTERED AGENT CHANGE **PARCSTONE 2 LLC**

Certificate of Status	0
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O SIMMONS

JAN 27 2020

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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.

. Nat	ne of the limited liability company: Parestone 2 Li	LÇ				··-	
. (a))	Mailing address of limits (Note: MAY BE POS			—
3. 5. (a)	02/11/2019 Date of filing/registration in Florida REGISTERED AGENT SOLUTIONS, INC.	 4,	L190000	Document number	SE	202	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 155 OFFICE PLAZA DR. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE. A			- -	CRETAR: ALLAHAS	2020 JAN 24	dian
(b)	TALLAHASSEE , FL. InCorp Services, Inc.	32301		-	OF STATE SEE, FL	AM 10: 39	
	Enter name of NEW Registered Agent and/or NEW Registered 17888 67th Court North NEW Registered Office Address:	Office m	ldress:	_		·	
	Loxahatchee, FL	334	70	_			
the cha agent was/w the art	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li- limited	company, it mited liabili	is hereby confirmed ity company or as o impany.	d that the c	hange(s	5)
I here provis the ob	thy accept the approximent as registered agent and agent of a first agent as provide a first agent as provided in writing of this change. Olivia Gonzales on be	d for in hereby	Chapter 60 confirm tha) 5, F.S. Or, (f this in the limited liability	maa ta can	iply with h and a s being has be	i the ccept filed en

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

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Parcstone 2 LLC	
Name of L	imited Linbillay Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fec(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Olivia Gonzales	
Name of Person	
InCorp Services, Inc.	
Firm/Company	
3773 Howard Hughes Parkway Suite 500S Address	
Las Vegas, NV 89169-6014 City/State and Zip Code	
documents@incorn com E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Olivia Gonzales for InCorp Services, Inc. 11 Name of Person	(800) 248-2677 ext. 6918 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	unt:
	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	