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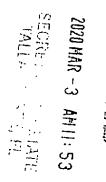
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COVER LETTER

TO: Registration Section Division of Corporations	,
Paramount Property Management LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Michael J. Miller	
Name of Person	
Paramount Property Management LLC	
Firm/Company	
1133 East Avenue	
Address	
Clermont FL 34711	
City/State and Zip Code	
mmiller@paramountmanages.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Michael J Miller	407 832-0573
Name of Person	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 amoun	it:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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:	operty Manage	ement LLC
2. (a	a)	(b))
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1133 East Avenue		1133 East Avenue
	Clermont FL 34711		Clermont FL 34711
	02/12/2019	L	L19000043511
3.	Date of filing/registration in Florida	4.	Document number
5. (a) Michael J. Miller		
w. (Registered Agent and Registered Office shown on the record 605 Florida St. Orlando FL 32806	s of the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	HAR
,	,	, FL	
			AH 53
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		Iress:
	Michael Miller		· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:		
	1133 East Avenue		
	Clermont	.FL_34711	
chan agen was/	e limited liability company is not organized under the ge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an afternative vote of the member rticles of organization or the operating agreement of the operating agr	the registered I liability com rs of the limit	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	MIK	Micha	ael J. Miller
	nature of a member or authorized representative of a member		Printed or typed name of signee
I hei provi the o to me notifi	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provi erely reflect a change in the posistered office address, ied in writing of this change.	agree to act ir ete performan ided for in Ch , I hereby con	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Signa	ature of Registered Agent		