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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432063053 : (561)694-8107 Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE PARASOL GROWTH LLC

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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.

	ame of the limited liability company: PARASOL 6 505 SOUTH FLAGLER DRIVE	<del></del>	226 V	VEST PORTAL
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) <u>236 v</u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	SUITE 900		399	
	WEST PALM BEACH, FL 33418		SAN	FRANCISCO, CA 94127
	03/05/2019		L19000	0062795
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	THOMPSON, JENNIFER			
(b)	Registered Agent and Registered Office shown on the records of 505 SOUTH FLAGLER DR.	f the Flori	da Dept. of S	State:
	Registered Office Address MUST BE FLORIDA STREET	ADDRE	<b>22</b> 1	
	SUITE 900			IA. 2
	WEST PALM BEACH	L_3341	8	- 201 <b>8</b>
	Corporate Creations Network Inc.			APR -4 AHASSE
	Enter name of NEW Registered Agent and/or NEW Registere	d Office s	ddress:	f*1.
	11380 Prosperity Farms Road #221E			AMII: 04
	NEW Registered Office Address:			
	Palm Beach Gardens, F	L_3341	0	
the cha agent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability of the li	gistered of company, mited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	12 Chillian	R	yan Sulli	van, Attorney-In-Fact
•	ture of a member or authorized representative of a member			Printed or typed name of signed
I here provis. the ohi ner notifie	hy accept the appointment as registered agent and agins of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and writing of the change.  Ryan Sullivan, Special Secretary	gree to a le perform led for in I hereby	ct in this c mance of n Chapter ( confirm th	apacity. I further agree to comply with the my duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed the limited liability company has been
Signary	re of Registered Agent			