# L19000215559

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1
		1/20

Office Use Only



700387175117

05/06/22--01019--017 \*\*25.00

FILED

2022 JUL 26 AM IO: 22

TAIT AHASSEE, FLORIDA

JUL 2 6 2022

S. PRATHER



June 29, 2022

PARACORP 2804 GATEWAY OAKS DRIVE, #100 SACRAMENTO, CA 95833 US

SUBJECT: FLEX RATES, LLC Ref. Number: L19000215558

We have received your document for FLEX RATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 322A00014742

Stacy Prather Regulatory Specialist III

www.sunbiz.org

CO II DO DOVIGOOD BUILDED IN 11 0001

## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	FLEX RATES LLC  Name of Limited Liability Company				
SOBJECT.					
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered Off	ice Change	and fee	e(s) are submitted for filing.	
Please return	all correspondence concerning th	is matter to	the fol	lowing:	
KRISTEN	CARTER				
	Name of Person				
PARACOF	RP INCORPORATED				
	Firm/Company				
2804 GAT	EWAY OAKS DR #100				
	Address				
SACRAME	ENTO, CA 95833				
	City/State and Zip Code				
	RP@MYPARACORP.COM				
E-mail	address: (to be used for future ann	ual report r	otifica	tion)	
For further in	nformation concerning this matter,	please call	:		
KRISTEN	CARTER	at ( <u>800</u>		533-7272	
	Name of Person			Area Code & Daytime Telephone Number	
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301		Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314	
Encl	osed is a check for the following	amount:			
□ \$2	25 Filing Fee	C	) \$55 F	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:

AE:

July 20, 2022 Date:

Kristen Carter

TO: Florida Department of State 1960

REFERENCE:

1779245

**Division of Corporations** 

PO Box 6327

Tallahassee, FL 32314

FAX:

850-687-6381

PLEASE PERFORM THE FOLLOWING:

FLEX RATES, LLC

File Change of Registered Agent

IN: FL

Resubmitting-please see attached.

Service Description

Check Number

<u>Name</u>

**Amount** 

File Change of Registered Agent 791523

Florida Department of State

\$25

PLEASE RETURN:

PLEASE CALL (800)533-7272 ATTN: Kristen Carter TO CONFIRM FILING RESULTS

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272



## 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: July 20, 2022

AE: Kristen Carter

TO:

Florida Department of State

1960

REFERENCE: 1779245

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX: 850-687-6381

PLEASE PERFORM THE FOLLOWING:

FLEX RATES, LLC

File Change of Registered Agent

IN: FL

Service Description	Check Number	Name	Amount
File Change of Registered Agent	791523	Florida Department of State	\$25

#### PLEASE RETURN:

PLEASE CALL (800)533-7272 ATTN: Kristen Carter TO CONFIRM FILING RESULTS

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

	ame of the limited liability company:			- 40407 070557	<u> </u>	-
2. (a)		(b) 382 NE 191ST STREET			Eliabeth annual	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST		-
	SUITE 57537		SUITE	57537		
	MIAMI, FL 33179	<del></del>	MIAMI,	FL 33179		
	08/23/2019		L190002	215558		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	EXCEL IMPACT, LLC					
- (,	Registered Agent and Registered Office shown on the records of	the Florio	la Dept. of Sta	te:		
	382 NE 191ST STREET					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	_	A L	202
	SUITE 57537				<u>}</u>	)ل
	MIAMI F	33179	)	_	ASSEC ASSEC	2022 JUL 26 AM 10: 22
(b)					는 된 다다	AH (
()	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ldress:	_	r STATE FLORIDA	0: 2
	PARACORP INCORPORATED				D'A	22
	NEW Registered Office Address:			_		
	155 OFFICE PLAZA DRIVE, 1ST FLOOR			_		

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.

Michel Chelnokov

Michel Chelnokov

Signature of a member or authorized representative of a member

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.

Signature of Rigistered Agent