## 120000290033

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                       |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| REFERENCE : 252763 8361823                      |  |  |  |  |  |  |
| AUTHORIZATION: Finels de man                    |  |  |  |  |  |  |
| COST LIMIT : \$ 25.00                           |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| ORDER DATE: November 17, 2021                   |  |  |  |  |  |  |
| ORDER TIME : 10:01 AM                           |  |  |  |  |  |  |
| ORDER NO. : 252763-009                          |  |  |  |  |  |  |
| CUSTOMER NO: 8361823                            |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| CHANGE OF AGENT                                 |  |  |  |  |  |  |
| NAME: FLORIDAY HOLDINGS LLC                     |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |  |  |  |  |  |  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY           |  |  |  |  |  |  |
| CONTACT PERSON: Alexxis Weiland EXT#            |  |  |  |  |  |  |

EXAMINER:

## 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.

|   | ime of the limited liability company:  | DINGS   |   |  |
|---|--|---|---|--|
| . (a)                                       | 2300 MARSHPOINT ROAD SUITE 202   | (   | 2300 MAI  | RSHPOINT ROAD SUITE 202  |
| /   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | _ (   | · — —   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
|   | NEPTUNE BEACH, FL 32266  | _   | NEPTUNI   | E BEACH, FL 32266  |
|   | 09/15/2020   | _   | L20000290   | 0033   |
|   | Date of filing/registration in Florida   | 4.  |   | Document number  |
| (a)   | PARADIGM COMMERCIAL CAPITAL LLC  |   |   |  |
| (4)   | Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2300 MARSHPOINT ROAD SUITE 202   |   |   | 7021 NOV   |
|   | Registered Office Address (MUST BE FLORIDA STREET)   | tered Office Address (MUST BE FLORIDA STREET ADDRESS)     |   |  |
|   | NEPTUNE BEACH  | 32266   |   | <u> </u>   |
|   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | Office ac   | ldress:   | · · · · · · · · · · · · · · · · · · ·  |
|   | Corporation Service Company  NEW Registered Office Address:  |   |   | -  |
|   |  |   |   | -  |
|   | NEW Registered Office Address:   | 32301   |   | -  |
| nange<br>gent w<br>as/we                    | NEW Registered Office Address: 1201 Hays Street  Tallahassee   | s of the<br>register<br>bility co                         | ed office and<br>impany, it is<br>nited liability | I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in        |
| nange<br>gent w<br>as/we<br>as/we<br>/s/ Ji | NEW Registered Office Address:  1201 Hays Street  Tallahassee . FL  imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the membe | rs of the<br>register<br>bility co<br>f the lin<br>imited | ed office and<br>impany, it is<br>nited liability | I the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in pany. |