

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L21000845936

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((H22000260913 3)))



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**To:**  
 Division of Corporations  
 Fax Number : (850)617-6383

**From:**  
 Account Name : INCFILE.COM LLC  
 Account Number : I20220000070  
 Phone : (888)462-3453  
 Fax Number : (877)919-2613

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

**Email Address:** \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
 PARADISE HEAVEN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 AUG -2 AM 11:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPROVED  
 AND  
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(((H22000260913 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARADISE HEAVEN LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

\_\_\_\_\_  
Name of Person

INCFIL.COM LLC

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 #220

\_\_\_\_\_  
Address

HOUSTON, TEXAS 77064

\_\_\_\_\_  
City/State and Zip Code

EFILE1234@INCFIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

888

462-3453

\_\_\_\_\_  
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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY** (((H22000260913 3)))

*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: PARADISE HEAVEN LLC

2. (a) Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*

8979 COCO PALM RD

KISSIMMEE, FL 34747

(b) Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*

2561 MODENA DR

PITTSBURG, CA 94565

07/30/2021

L21000345936

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

OSCAR H SOARES

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

8979 COCO PALM RD

KISSIMMEE, FL 34747

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

LEGALINC CORPORATE SERVICES INC.

**NEW** Registered Office Address:

5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS, FL 33907

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.

Oscar H Soares

Signature of a member or authorized representative of a member

OSCAR H SOARES

Printed or typed name of signer

*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.*

Wesley Delam

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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