## La1100447770

(0)					
(Requestor's Name)					
(Address)					
(13.33)					
(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



100411922291

S. CHATHAM AUG 17 2023



## 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.

. (a)			<b>(b)</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)	
	c/o Paragon Consulting Team LLC		c/o Parago	on Consulting Team LLC	
	8200 NW 41 street, Suite 200, Doral, FL 33166	_	8200 NW	NW 41 street, Suite 200, Doral, FL 33166	
	10/13/2021		L21000447	7770	
	Date of filing/registration in Florida	4.		Document number	
. (a)	CORPORATE CREATIONS NETWORK INC.				
()	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	te:	
	801 US HIGHWAY INORTH PALM BEACH, FL 33408	3			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2023 JULII	
		<u> </u>			
	, FL		_		
		·— ·-		-	
(b)	Paragon Consulting Team LLC				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			÷ 90 🛫	
	8200 NW 41 street, Suite 200, Doral, FL 33166			29	
	NEW Registered Office Address:			_	
				_	
	FI.				
A 11	72. 11. 1.00			_	
uie iii iange	mited liability company is not organized under the law or changes are made, the Florida street address of the	/s of the	e State of Flo red office an	orida, it is hereby confirmed that after the	
gent w	all be identical. Or, in the case of a Florida limited lia	bility c	ompany, it is	s hereby confirmed that the change(s)	
e artic	re authorized by an affirmative vote of the members o	t the lir imited	nited liabilit liability con	y company or as otherwise provided in	
	Olya Voholadi		-	SSO, LAURO G	
Signature of a member or authorized representative of a member			Printed or typed name of signee		
hereb	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h	e to ac perform	t in this cape ance of my d	acity. I further agree to comply with the duties, and I am familiar with and accen	

## COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: ESC Investments LLC	
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Olga Vodolazschi	
Name of Person	
OV Law Group	
Firm/Company	
2806 Prairie Avenue	
Address	
Miami Beach, FL 33140	
City/State and Zip Code	<del></del>
olgav@ovlawgroup.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
Olga Vodolazschi at (	6463260708
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	nt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	