2/4/22, 9:25 AM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

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

RLOPS@PARASEC.COM Email Address:\_\_\_

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To: 18506176383 From: 19165767036 Date: 02/04/22 Time: 3:27 PM Page: 03/05

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New Registered Agent's Signature, if changing Registered Agent:

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.

To: 18506176383 From: 19165767036 Date: 02/04/22 Time: 3:27 PM Page: 04/05

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Matthew Parkinson	614 E HWY 50 #255	□ Add
		Clermont, FL 34711	□Remove
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Note: If	e date, if other than the date of filing:
e tecord s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	January 24 2022
Dated _	
Dated	M- Mar
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00