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(Re	equestor's Name)	
(Ar	ddress)	
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(Ac	ddress)	•
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□ 210(4.112)	WAIT	
PICK-UP	L. WAII	MAIL
	usiness Entity Name	<u> </u>
(Di	Joiness Charly Home	-)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	
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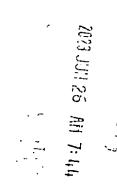
Office Use Only



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06/26/23--61015--014 **25.00



COVER LETTER

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TO: Registration Section Division of Corporations		,						
EMERALD PHOENIX PARALECTS	EMERALD PHOENIX PARALEGAL LLC							
No.	ame of Limited L	iability Company						
Dear Sir or Madam:								
The enclosed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.						
Please return all correspondence concerning t	this matter to the	following:						
KELLEY R DIEHL								
Name of Person								
Firm/Company	~							
4711 TEALWOOD TRAIL								
Address		_						
WESLEY CHAPEL FLORIDA 33544								
City/State and Zip Code		_						
EMERALDPHOENIXLEGAL@GMAIL.COM								
E-mail address: (to be used for future an	nnual report notif	ication)						
For further information concerning this matte	er, please call:							
KELLEY DIEHL	502 at (667-3006						
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	ng amount:							
■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy						

INHS18 (2/14)

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)	4711 TEALWOOD TRAIL		(b)	1733 MII	DWAY MALL BLVD
(-) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WESLEY CHAPEL, FL			1026	
	33544			ELYRIA.	OH 44035
	02/06/2023		I	.23000065	5466
(a)	Date of filing/registration in Florida UNITED PARENTS FOR CHILDREN, INC	4.			Document number
1	Registered Agent and Registered Office shown on the records of 27251 WESLEY CHAPEL BLVD	the Flori	ida [Dept, of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET) 27251 WESLEY CHAPEL BLVD, SUITE 1171	ADDRE	SSI		_
	WESLEY CHAPEL , FL	33544			~
b)	KELLEY R DIEHL				2023 J III 26
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	<u>udd</u>	ress:	26
	4711 TEALWOOD TRAIL				_
	NEW Registered Office Address:			<u> </u>	
	WESLEY CHAPEL, FI	33544			_
nge nt w /wo	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liese authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registe ability of the li limited	erec con imit d lia	office ar ipany, it i ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided impany.
gna	bre of a member or authorized representative of a member				Printed or typed name of signee
rel visi	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I	nerfor	man	ice of mv	pacity. I further agree to comply with duties, and I am familiar with and ac

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent