## L23000069255

(F	Requestor's Name)					
(A	(ddress)					
(P	(ddress)					
(C	City/State/Zip/Phone #)					
PłCK-UP	WAIT MAIL					
(E	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
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## **COVER LETTER**

TO: Registration Section Division of Corporations						
PAULA FAIZZADEH PLLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning the	is matter to the following:					
PAULA FAIZZADEH						
Name of Person	<u> </u>					
PAULA FAIZZADEH PLLC						
Firm/Company						
7933 WILDFLOWER SHORES DRIVE						
Address	<del></del>					
DELRAY BEACH FL						
City/State and Zip Code	<del></del>					
33446						
E-mail address: (to be used for future and	nual report notification)					
For further information concerning this matter	, please call:					
PAULA FAIZZADEH	631 258-2268 at ( )					
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	g 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.

1. Na	ame of the limited liability company: PAULA FAIZZA	DEH	PLLC		
2. (a)	PAULA FAIZZADEH PLLC		(b) PAULA	FAIZZADEH PLL	.c
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(2)	-	limited liability company:  POST OFFICE BOX)
	7993 WILDFLOWER SHORES DRIVE		7993 WI	LDFLOWER SHO	RES DRIVE
	DELRAY BEACH FL US 33446	<del>-</del>	DELRA	Y BEACH FL US 3	33446
	02/07/2023		L2300006	9255	
3.	Date of filing/registration in Florida	4.		Document num	ber
5. (a)	BARRY A DIAMOND				
J. (a)	Registered Agent and Registered Office shown on the records of BARRY DIAMOND	the Flo	rida Dept. of Si	tate:	
	Registered Office Address (MUST BE FLORIDA STREET 5541 N UNVERSITY DRIVE 103	ADDR	ESS)	<del></del>	5. <b>2</b>
	CORAL SPRINGS , FI	3306	7		F1 2023 HAR SECRETA
(b)	PAULA FAIZZADEH				FIL FR-6
(*)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	<del></del>	(*1)***
	PAULA FAIZZADEH				#M 10: 06
	NEW Registered Office Address:		,		- <del>- 1</del>
	7933 WILDFLOWER SHORES DRIVE				
	DELRAY BEACH , FI	3344	5	_	
change agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regis ability of the limite	ered office a company, it limited liabil	and the business of is hereby confirmation or as ompany.	ffice of the registered ned that the change(s)
Signa	ture of a member or authorized representative of a member	-		Printed or typed n	ame of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and agricons 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 din writing of this change.	ree to perfo d for i hereby	act in this ca mance of m n Chapter 60 confirm tha	pacity. I further of y duties, and I am 05, F.S. Or, if this ut the limited liabil	agree to comply with the Jamiliar with and accept s document is being filed lity company has been
Signatu	re of Registered Agent				