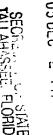
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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Degree out Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PARAMOUNT DEVELOPMENT & CONSTRUCTION, 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:			
JUDY HENDERSON (Name of Person)			
PARAMOUNT DEVELOPMENT & CONSTRUCTION, LLC (Firm/Company)			
187 SABAL PALM DRIVE, SUITE 100 (Address)			
LONGWOOD, FL 32779 (City/State and Zip Code)			
For further information concerning this matter, please call:			
TUDY HENOERSON at (407) 862-2495 (Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

2. The mailing address of the limited liability company is: 1841 PEELER ROAD, SUITE C. PUNUXOO 94. GA 30338 3 15 2004 M0500000059 3. Date of filling/registration in Florida	1. The name of the limited liability company is: YAK	AMOUNT DEVELOPMENT & CONSTRUCTION, LLC
3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CASTALDO, BENJAMIN J. Name 2320 N. ROCK SPRINGS ROAD Address APOPKA, FL 32712 City, State and Zip 6. The name and address of the new registered agent and/or office: HIPPENSTEEL, ROBERT WILLIAM Name 1801 WEST KELLY PARK RD. Florida street address (P.O. Box NOT acceptable) APOPKA FL 32712	2. The mailing address of the limited liability company	y is: 1847 PEELER ROAD, SULTE C.,
3. Date of filling/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CASTALDO, BENJAMIN J. Name 2320 N. ROCK SPRINGS ROAD Address APOPKA, FL 32712 City, State and Zip 6. The name and address of the new registered agent and/or office: HIPPENSTEEL, ROBERT WILLIAM Name 1801 WEST KELLY PARK RD. Florida street address (P.O. Box NOT acceptable) APOPKA FL 32712	DUNWOODY, GA 30338	·
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CASTALDO, BENJAMIN J. Name 2320 N. ROCK SPRINGS ROAD Address APOPKA, FL 32712 City, State and Zip 6. The name and address of the new registered agent and/or office: HIPPENSTEEL, ROBERT WILLIAM Name 1801 WEST KELLY PARK RO. Florida street address (P.O. Box NOT acceptable) APOPKA FL 32712		m0500000059
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APOPKA, FL 32712 City, State and Zip 6. The name and address of the new registered agent and/or office: HIPPENSTEEL, ROBERT WILLIAM Name 1801 WEST KELLY PARK RD. Florida street address (P.O. Box NOT acceptable) APOPKA FL 32712	2320 N. ROCK SPRI	ings road
HIPPENSTEEL, KOBERT WILLIAM Name 1801 WEST KELLY PARK RD. Florida street address (P.O. Box NOT acceptable) APOPKA FL 32712	_	12
HIPPENSTEEL, KOBERT WILLIAM Name 1801 WEST KELLY PARK RD. Florida street address (P.O. Box NOT acceptable) APOPKA FL 32712	6. The name and address of the new registered agent ar	nd/or office:
1801 WEST KELLY PARK RD. Florida street address (P.O. Box NOT acceptable) APOPKA FL 32712	· · · · · · · · · · · · · · · · · · ·	SPT WILLIAM SE 1 IPS
THOPA IL SETTE	1801 WEST KELLY	I PARK RD.
THOPA IL SETTE	Florida street address (P.O.	. Box NOT acceptable)
City, State and Zip	APOPKA FL	32712
•	City, State an	nd Zip

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.

(Signature of a member or authorized representative of a member)

(Printed or typed name of signee)

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 608, 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.

(Signature of Registered Agent)

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