# M1000004671

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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N. Curilgen: DEC - 7 20151

### 2804 Gateway Oaks Drive #200 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

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#### REFERENCE # MUST BE ON INVOICE TO BE PAID

#### **NUMBER PAGES:**

Date: November 23, 2015

AE: Ashley Speyer

TO:

Registration Section Division of

H1039 REFERENCE:

NCE: 926004

Corporations

**CLIFTON BUILDING** 

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX:

PLEASE PERFORM THE FOLLOWING:

**PACIFICA LOAN POOL LLC** 

Paracorp Miscellaneous Filing (RA ADDRESS UPDATE)

IN: FL

SPECIAL INSTRUCTIONS: Please file the attached and return a plain copy of the filing to:

Paracorp Incorporated Attn: Ashley Speyer 2804 Gateway Oaks Dr #200 Sacramento, CA 95833

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Ashley Speyer TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

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#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: PACIFICA LOAN POOL LLC  Name of Limited Liability Company				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ashley Speyer				
Name of Person				
PARACORP INCORPORATED				
Firm/Company				
2804 GATEWAY OAKS DRIVE #200	•			
Address				
SACRAMENTO, CA 95833				
City/State and Zip Code				
ANNUALREPORTS@MYPARACORP.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ASHLEY SPEYER 888 272-3725				
Name of Person Area Code & Daytime Telephone Nu	ımber			
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	Registration Section Division of Corporations P.O. Box 6327			
Enclosed is a check for the following amount:				
☑ \$25 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. N	ame of the limited liability company: PACIFICA LC	DAN POOL L	LC
	Principal office address of limited liability company:		Mailing address of limited liability company:
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1775 HANCOCK STREET, STE. 200	177	5 HANCOCK STREET, STE. 200
	SAN DIEGO, CA 92110	SAN	I DIEGO, CA 92110
	10/22/2010	M100	000004671
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
(-)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:
	PARACORP INCORPORATED		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	236 EAST 6TH AVENUE		<del>\</del>
	TALLAHASSEE , FL	32303	
	3 *	<u> </u>	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	3.7
			• . •
	NEW Registered Office Address:		· ;
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		
			·
	TALLAHASSEE ,FL	32301	
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of organization or the operating agreement of the	the registered of the registered of the limited lie.	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Silvenia	andre of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide vely reflect a change in the registered office address, I indicate the control of this change.		
Signati	Sharon Cooke, Asst. Secretary ure of Registered Agent	•	