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COVER LETTER

TO: Registration Section

Divi	sion of Corporations				
OUR INCE	PARADISE LIVING, LLC				
SUBJECT:	Name of Limited Liability Company				
Dear Sir or l	Madam:				
The enclosed	d Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.		
Please return	n all correspondence concerning th	is matter to the	following:		
Donna Be	ertucci				
	Name of Person				
Corporate	Direct, Inc		١		
	Firm/Company		<u> </u>		
2248 Mer	idian Blvd. Suite H				
12	Address	4	ing Na 18 jangan panggalagan panggalagan		
	NV 89423				
	City/State and Zip Code				
info@corp	poratedirect.com				
E-mai	l address: (to be used for future an	nual report noti	fication)		
For further	information concerning this matter	r, please call:			
Donna Be	ertucci	775	782-2201		
	Name of Person	(Area Code & Daytime Telephone Number		
Reg Div Clif 266 Tal	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 11 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	closed is a check for the followin	g amount:			
2 9	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/1	4)				

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.

Name of the limited liability company: PARADISE LIVING, LLC				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	····	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	60 EAST SIMPSON AVE, BOX 2869	60	EAST SIMPSON AVE, BOX 2869	
	JACKSON, WY 83001	JA	CKSON, WY 83001	
	08/18/2014	M14	4000005872	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
J. (-)	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:	
	Gerri Detweiler		是高元	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	—	
	1037 Greystone Lane		55 TA 19	
	Sarasota , FI	34232	MOEC 19 PHIZ: 18	
			STA STA	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	**	
	REGISTERED AGENTS INC.			
	NEW Registered Office Address:			
	3030 N. Rocky Point Drive, STE 150A			
	Tampa	33607		
the cha agent v was/w the art	limited liability company is not organized under the la range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the difference of a member or authorized representative of a member	f the registered ability compa of the limited limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Printed or typed name of signee	
the object to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performance d for in Chap hereby confir	of my duties and I am tomiliar with and accent	
Signatu	Bill Havre/Assistant Secure of Registered Agent	retary		

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