## M140000000635

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(Address)						
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(Business Entity Name)						
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	PAAP, LLC		
	Nar	ne of Limite	ed Liability Company
Dear Si	т or Madam:		
The end	closed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.
	eturn all correspondence concerning the		
ALISIA	MOJARRO		
·	Name of Person		
PARAC	ORP INCORPORATED		
	Firm/Company	<del></del>	
2804 GA	TEWAY OAKS DR #100		
	Address		
SACRAN	MENTO, CA 95833		
	City/State and Zip Code	<u></u>	<del></del> _
AMOJA	RRO@MYPARACORP.COM		
E-n	nail address: (to be used for future annu	al report no	tification)
For furth	er information concerning this matter, p	lease call:	
ALISIA N	MOJARRO	916	5766997
	Name of Person	_ at (	Area Code & Daytime Telephone Number
	Aailing Address: Registration Section		Street Address: Registration Section
$\Gamma$	Division of Corporations		Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee
•	ananassee, r.L. 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E	nclosed is a check for the following a	mount:	
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
NHS18 (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.

Prin			(b)			
	cipal office address of limited liabil	lity company:	(0)	Mailing address of limited liabili	ty company:	
5300 BRC	OKEN SOUND BLVD NW #11	0		1 3.00 PM PM 1 VO 1 VI 1 1	CL BOX	
BOCA RA	ATON, FL 33487				<u>.                                    </u>	
09/10/2014	ı		M1400	0006635	· · · · · · · · · · · · · · · · · · ·	
D	ate of filing/registration in Fl	lorida 4.	<del></del>	Document number		
(a) CTCORP	ORATION SYSTEM			2 out manager		
	gent and Registered Office shown of	on the records of the Flori	da Dept. of	State:		
Registered C	Office Address (MUST BE FLO	RIDA STREET ADDRE	CC)	<del>_</del>	2020	
	TH PINE ISLAND ROAD		<del>M</del> I	:	2020 MAY	
PLANTAT	ION	, FL	<del>-</del>		†-  -	•
PARACORI	PINCORPORATED	,, . u		<del></del>	P	
	NEW Registered Agent and/or N	EW Registered Office a	ddress:	<del></del>	ယ္ - ဝ	
				<b>!</b> " :	05	
NEW Registe	cred Office Address:			<del>_</del>		
155 OFFIC	E PLAZA DRIVE, IST FLOOF	₹				
TALLAHA	SSEE	, FL_32301				
nt will be idention were authorized	est Or in the case of a Flori	under the laws of the ddress of the register da limited liability case members of the limited ement of the limited	ed office a ompany, it nited liabil liability co	Florida, it is hereby confirmed and the business office of the real is hereby confirmed that the clity company or as otherwise prompany.  ALAU LITER.  Printed or typed name of signed pacity. I further agree to company duties, and I am familiar with 15, F.S. Or, if this document is the limited liability company in the liability	gistered hange(s) rovided in	_

## 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. 1	Name of the limited liability company: PAAP, I	LLC		
2. (a)	Principal office add Civil and Civil	(h)		
	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany;	Mailing address of limited liabi	ility company:
	5300 BROKEN SOUND BLVD NW #110		CENTER PROPERTY OF THE	TCE BOX)
	BOCA RATON, FL 33487	<u> </u>		
	09/10/2014	M1400	0006635	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C T CORPORATION SYSTEM			
	Registered Agent and Registered Office shown on the re	ecords of the Florida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)		
	1200 SOUTH PINE ISLAND ROAD			2020
	PLANTATION	FL_ <sup>33324</sup>		2020 MAY
(b)	PARACORP INCORPORATED			1-
	Enter name of NEW Registered Agent and/or NEW Re	egistered Office address:	<del></del>	P14
			- ::	တ္ သ
	NEW Registered Office Address:		<del></del>	Οī
	155 OFFICE PLAZA DRIVE, IST FLOOR			
	TALLAHASSEE	, FL <sup>32301</sup>		
agent v was/we	imited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the menules of organization or the operating agreement	nited liability company, in the soft he limited liability company.	and the business office of the it is hereby confirmed that the ility company or as otherwise ompany.	registered
Singat	lugat President	<del></del>	ALAN RutiER	
	ure of a member or authorized representative of a member		Printed or typed name of signed	
I hereb provision The obli To mere protified	ly accept the appointment as registered agent at ons of all statutes relative to the proper and con gations of my position as registered agent as pr ly reflect a change in the registered office addre in writing of this change.	nd agree to act in this co nplete performance of m rovided for in Chapter 6 ess, I hereby confirm tho	apacity. I further agree to con y duties, and I am familiar wi 05, F.S. Or, if this document at the limited liability compan	nply with the th and accept is being filed y has been
H	Jody Moua, Assistant Secretary c of Registered Agent			
⊸i Rugini.	c of Registered Agent	<del></del>		