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(R	Requestor's Name)			
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(E	Business Entity Name	e)		
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Certified Copies Certificates of Status				
Special Instructions to	o Filing Officer:			

Office Use Only

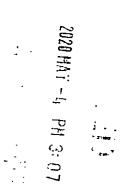


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EMIAD, LLC	
Name of	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	
ALISIA MOJARRO	
Name of Person	
PARACORP INCORPORATED	
Firm/Company	
2804 GATEWAY OAKS DR #100	
Address	
SACRAMENTO, CA 95833	
City/State and Zip Code	
AMOJARRO@MYPARACORP.COM	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
ALISIA MOJARRO at	916 5766997
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 amou	unt:
₹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.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD PLANTATION ,FL 33324 (b) PARACORP INCORPORATED Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 155 OFFICE PLAZA DRIVE, IST FLOOR TALLAHASSEE ,FL 32301 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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. **The State** Address** Printed or typed name of signee** Signature of a member or authorized representative of a member Printed or typed name of signee	1. Na	ame of the limited liability company: EMIAD, LLC						_
Principal office address of limited liability company: (**Rete: MAST BE STREET ADDRESS**) 5300 BROKEN SOUND BLVD NW #110 BOCA RATON, FL 33487 10/27/2015 **Date of filing/registration in Florida** **C T CORPORATION SYSTEM** Registered Agent and Registered Office shown on the records of the Florida Dept. of State: **Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address**	2. (a)		(b)				
BOCA RATON, FL 33487	·	Principal office address of limited liability company;	— `		_			_
BOCA RATON, FI. 33487 10/27/2015 Date of filing/registration in Florida C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD PLANTATION , FL 33324 PARACORP INCORPORATED Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 155 OFFICE PLAZA DRIVE, IST FLOOR TALLAHASSEE , FL 32301 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a thember or authorized representative of a member Printed or typed name of signee					(Note: MAY BE POS	ST OFFIC	E BOX)	
10/27/2015 M15000008638		3300 BROKEN SOUND BEAD WA #110						_
3. Date of filing/registration in Florida 4. Document number 5. (a) CT CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD PLANTATION ,FL 33324 ,F		BOCA RATON, FL 33487				_		_
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1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 FL	J. (a)		f the Florid	a Dept. of S	State:			
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PARACORP INCORPORATED		1200 SOUTH PINE ISLAND ROAD					~ 2	
PARACORP INCORPORATED		PLANTATION , F	L_33324		_	<u>.</u>	020 HA	
NEW Registered Office Address: 155 OFFICE PLAZA DRIVE, IST FLOOR TALLAHASSEE FL 32301 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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. When the state of the provided in the case of a Florida 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	(b)	PARACORP INCORPORATED						
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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 accepted obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being file	change agent was/we the art	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the further than the formula of a member of a memb	e register iability co of the lin e limited	ed office ompany, i nited liab liability o	and the business office it is hereby confirmed ility company or as othompany. Further further Printed or typed name	e of the r that the c nerwise p of signee	registered change(s) provided in	
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Signature of Registered Agent	Signaté	y July Moua, Assistant Secretary						

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.

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