MUQUUS 5107

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
MAY - 1 AM 9: 46	70/NO 13 7 15 15 15 15 15 15 15 15 15 15 15 15 15				



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D. BRUCE MAY 08 2017

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Parrol Nam	<i>Landu</i> ne of Limited	ng UC Mability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the	he following:			
Charlotte Tilley					
Name of Person					
Law Office of Michael Tilley					
Firm/Company					
128 Wilderness Cay					
Address					
Naples FL 34114					
City/State and Zip Code	<u> </u>		SE	2017	
Mike@MRTilley.com			AHA	NAY	1
E-mail address: (to be used for future an	nual report no	otification)	ARY SSE	-	
For further information concerning this matter	;, please call:		E OF S	נד	Ш
Charlotte	561	392-5707	ORIO ORIO	بب 	U
Name of Person		Area Code & Daytime Telep	ohone Nur	nber	
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 followin	g amount:				
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	у		

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: Parrots La	anding	LLC	
2. (a)			(h)	
2 . (u)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y:	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3460 NW 50TH AVE Ste 105			
	Lauderdale Lakes, FL 33319			
	06/24/2016		M16000	005107
3.	Date of filing/registration in Florida		4.	Document number
5. (a)	InCorp Services, LLC			
(w)	Registered Agent and Registered Office shown on the recor	rds of the	Florida Dept. of St	ate:
	17888 67Th Court North			
	Registered Office Address (MUST BE FLORIDA STR	EET AD	DRESS)	
	Loxahatchee	 _, FL	33470	SECRETALLAHA
(b)	InCorp Services, Inc.			- AR AR
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> .	itered Of	lice address:	m Em
	17888 67th Court North			
	NEW Registered Office Address:		.	
	Loxahatchee, FL 33470			D M —
	Loxahatchee	, FL	33470	
he cha igent v	imited liability company is not organized under the inge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members.	ne laws o	e registered offi- lity company, it	ce and the business office of the registere is hereby confirmed that the change(s)
he arti	cles of organization or the operating agreement o	f the lin	nited liability co	ompany.
	Millett	-		lichael & Tiller
	ture of a mumber or authorized representative of a member			Printed or typed name of signee Ally
I herel provisi the obl to mere notifiet	by decept the appointment as registered agent and only of all statutes relative to the proper and compigations of my position as registered agent as profit reflect highly change in the registered office address in writing of this change.	l agree pleie per vided fo ss, I her	to act in this ca rformance of m or in Chapter 60 eby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accepts, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Regilic Rd Agent	on beha	alf of Incorp S	ervices, Inc.
- 1	Division of Corporations • P		: 6327● Tallaha : \$25.00	assee, FL 32314