## M17000001548

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Paragon Systems Integration	
Na	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
Montanah Matthies	
Name of Person	<del></del>
Paragon Systems Integration, LLC	
Firm/Company	
20 Sunset Drive, Suite 5	
Address	
Basalt, CO 81621	
City/State and Zip Code	
montanah.matthies@paragonaspen.c	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter	r, please call:
Montanah Matthies	at () 970-945-3757
Name of Person	Area Code & Daytime Telephone Number
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

~ 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.

	time of the limited liability company:   1 and 1	20 Sunset Drive		
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Suite 101	_ (b)	Suite 5	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Aspen, CO 81611	<del></del>	Basalt,	CO 81621
	February 22, 2017	ı	M17000	001548
(a)	Date of filing/registration in Florida Carlos Esteban Tettamanti	4.		Document number
(a)	Registered Agent and Registered Office shown on the records of the 201 168th Street	e Florida	Dept. of Sta	ite:
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		TO MA
	Sunny Isles , FL	33160		- 1 - 8 - 7 -
(b)	Jason Nettles			AM 7:32
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:	
	7396 Banyan Blvd			
	NEW Registered Office Address:			
	Loxahatchee , FL	33470		<del></del>
e cha cnt v as/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cless of brganization or the operating agreement of the l	the regis bility co the limi imited li	tered office mpany, it ted liabili	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
U	of a member or authorized representative of a member			Printed or typed name of signee
ovisi e obl merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d in writing of this change.	e to act performa for in C ereby co	in this ca ince of my hapter 60 nfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accests. F.S. Or, if this document is being file the limited liability company has been
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Signature of Registered-Agent