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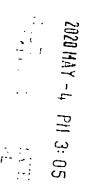
(Requestor's Name)					
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(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations	
TOTITS, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
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 report	t notification)
For further information concerning this matter, please c	all:
ALISIA MOJARRO 91	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
Enclosed is a check for the following amount \$\times\$ \$25 Filing Fee	Tallahassec, FL 32303 : \$\square\$ \$55 \text{ 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.

		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
	5300 BROKEN SOUND BLVD NW #110		12.000	210010111	CE DOX	,
	BOCA RATON, FL 33487					
	01/09/2018	M18	000000245			
	Date of filing/registration in Florida	4.	Document nun	ıber		
(a)	C T CORPORATION SYSTEM					
. (a)	Registered Agent and Registered Office shown on the records	of State;		2		
	Registered Office Address (MUST BE FLORIDA STREE	 _	· : .	2029 HAY		
	1200 SOUTH PINE ISLAND ROAD			•	AY -	•••
	PLANTATION	FL 33324			-: 	
(b)	PARACORP INCORPORATED			-,	₽∦ 3:	المنت أنهيت
	Enter name of NEW Registered Agent and/or NEW Registe			ვ. 0 5		
	NEW Registered Office Address:					
	155 OFFICE PLAZA DRIVE, 1ST FLOOR					
	TALLAHASSEE	g 32301				
	TALLAHASSEE	FL,				
the li	TALLAHASSEE, imited liability company is not organized under the	FLlaws of the State	of Florida, it is hereb	y confirmed	l that afi	ter the
ange ent w	TALLAHASSEE imited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited	FL_ laws of the State he registered offi liability compan	ice and the business o v. it is hereby confirm	ffice of the	registere change	ed 's)
ange ent w is/we	TALLAHASSEE imited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member eles of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of the ca	FL	ice and the business o y, it is hereby confirn lability company or as	ffice of the	registere change	ed 's)
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lange ent was/we e artic Signar hereboviside oviside mere	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the s	laws of the State he registered offi liability compan s of the limited li ne limited liabilit	ice and the business or y, it is hereby confirm iability company or as y company. ALAW LATER Printed or typed n	ffice of the ned that the sotherwise ame of signee	registeri change(provide	ed (s) d 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.	N	ame of the limited liability company: TOTITS, LLC			
2.	(a)			(b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		5300 BROKEN SOUND BLVD NW #110			
		BOCA RATON, FL 33487			
		01/09/2018		M180000	00245
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T CORPORATION SYSTEM			
٥.	(-)	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of Su	ale:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2020 HAY	
		1200 SOUTH PINE ISLAND ROAD			
		PLANTATION , F	L 33324		- +
	(b)	PARACORP INCORPORATED			PH
·	Enter name of NEW Registered Agent and/or NEW Registered (d Office a	ddress:	3: 05
		NEW Registered Office Address:			_
		155 OFFICE PLAZA DRIVE, 1ST FLOOR			_
		TALLAHASSEE , FI	L 32301		
ager was the	nt w we artic	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members of the fill of	e register ability co of the lin limited	ed office an ompany, it i nited liabilit liability con AT	Id the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in a npany. The Little Printed or typed name of signee
	<i></i> //s	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change. Jody Moua, Assistant Secretary of Registered Agent	perform d for in (hereby co	ance of my c Chapter 60S onfirm that t	duties, and I am Jamiliar with and accept , F.S. Or, if this document is being filed the limited liability company has been