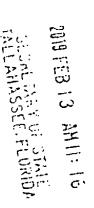
M800003754

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
·	·			
(Cit	:y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
	siness Entity Nan	ne)		
\	,	,		
(Do	ocument Number)			
(2	,			
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



300324573083



UCS 2-14-19



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE : 630833 X 43225

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: February 13, 2019

ORDER TIME : 1:13 PM

ORDER NO. : 630633-005

CUSTOMER NO: 4322524

CHANGE OF AGENT

NAME: PARAISO BAY UNIT INVESTMENT,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

DocuSign Envelope ID: 1083FFE2-0E99-4B13-B29C-64D861C12D3E

COVER LETTER

TO:	Registration Section Division of Corporations						
Paraiso Bay Unit Investment, LLC SUBJECT:							
	Na	Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Ot	Tice Ch	ange and	d fee(s) are submitted for filing.		
Please	return all correspondence concerning t	his matt	er to the	follov	ving:		
	Pooja Kharbanda						
	Name of Person			 -			
	Paraiso Bay Unit Investment,	LLC					
	Firm/Company						
	108 Wooster Street, #5E,						
	Address						
	NY, NY 10012						
	City/State and Zip Code						
compli	ancemail@cscglobal.com						
Е	-mail address: (to be used for future an	nual rep	oort noti	ficatio	n)		
For fur	ther information concerning this matter	r, please	call:				
	Pooja Kharbanda	at (917)	9750549		
	Name of Person			Are	a 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 following	g amou	nt:				
	□ \$25 Filing Fee		□ \$	55 Fili	ng Fee & Certified Copy		
INHS18	3 (2/14)						

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassibility the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. N	lame of the limited liability company: Paraiso Bay U	Init Investment	, LLC
2. (a)	108 Wooster Street, #5E	(b)	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NY, NY 10012		
	04-17-2018		18000003754
3.	Date of filing/registration in Florida	4.	Document number
5. (a) C/O CORPCO, INC.		
(Registered Agent and Registered Office shown on the records o	f the Florida Dep	t. of State:
	2699 S BAYSHORE DR 7TH FLOOR, MIAMI, FL 3	33133	
	Registered Office Address (MUST BE FLORIDA STREET		
	2699 S BAYSHORE DR 7TH FLOOR		
	MIAMI , F	L <u>33133</u>	2018
(b)	Corporation Service Company		ZING FEB
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address	
	1201 Hays Street		
	NEW Registered Office Address:		SEEL FLORIDA
	Tallahassee g	L 32301	<u> </u>
	Tallahassee	[_ 32301	
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registere liability compa of the limited	d office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Poga Eliarbanda		Pooja Kharbanda
Sign	ature of a member or authorized representative of a member 5072882014444AE.		Printed or typed name of signee
provis the ob to mer	rby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address, I d'in writing of this change.	e performance	of my duties, and I am familiar with and acce.
سهنسير	trate Han		
Signati	are of Registered Agent Corporation Service Company	BY: Sarah	Thomas, Assistant Secretary