MISOOL	005654
(Requestor's Name) (Address) (Address)	900324829209
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	10
Certified Copies Certificates of Status	19 FER 14 14 14 01
Office Use Only	FILED 19 FEB 14 AM 9: 22 SEGRETARY OF STATE TALLARASSEE, FLORIDA
	O SIMMONO FEB 1 5 2019



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

			ACCOUNT NO.	:	I20000001	95	
			REFERENCE	:	632738	8142122	
			AUTHORIZATION	Ċ	\$ 25.00	ean 1	
			COST LIMIT	: (\$ 25.00		
ORDER	DATE	:	February 14, 201	9			
ORDER	TIME	;	10:05 AM				

- - -

ORDER NO. : 632738-010

CUSTOMER NO: 8142122

CHANGE OF AGENT

NAME: 5800 N. ANDREWS AVE., LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 5800 N. ANDREWS AVE., LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

CORPORATION SERVICE COMPANY

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

_ at (__

.

For further information concerning this matter, please call:

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 following 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.

(a)			(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)
	7400 E SLAUSON AVE		7400 E SLAUSON AVE
	COMMERCE CA 90040		COMMERCE, CA 90040
	06/15/2018		M18000005654
	Date of filing/registration in Florida	4.	Document number
(a)	PARACORP INCORPORATED		
` - '	Registered Agent and Registered Office shown on the record	ls of the Florid	da Dept. of State:
	155 OFFICE PLAZA DR, 1ST FLOOR		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>.</u>
	1ST FLOOR		
		<u> </u>	FEB 14 B
	TALLAHASSEE	, FL <u>3230</u>	<u>n</u> = F
<i>(</i> b)	CORPORATION SERVICE COMPANY		
(0)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office ac	
			10A
	1201 HAYS STREET <u>NEW</u> Registered Office Address:		
	Kegistele Onte Addess.		
	TALLAHASSEE	, FL <u>32301</u>	1
L _ 12			
cha	imited liability company is not organized under the nge or changes are made, the Florida street addres	e laws of the regi	istered office and the business office of the registered
int v s/we	vill be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member cles of organization or the operating agreement of	d liability c ers of the lin	company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided i
Y	north Doctor	••••	MARIL GOLDMAN
	ture of a member or authorized representative of a member		Printed or typed name of signee

notified in writing of this chang **Roxanne Turner** 11 0 an BY: Asst. Vice President Signature of Registered Agent Corporation Service Company

Division of Corporations. P.O. Box 6327. Tallahassee, FL 32314