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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC REGISTERED AGENT CHANGE PARADISE HOME IMPROVEMENT PURCHASER, LLC

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EXY 1 5 2023 (Brumbley

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	PARADISE HOME IMPROVE	MENT PURCHASE	R, LLC					
		Name of Limited Liability Company						
Dear Si	r or Madam:							
The enc	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.					
Please r	eturn all correspondence concernin	g this matter to the	following:					
Vancssa	Castillo							
	Name of Person		· 					
Register	ed Agent Solutions, Inc.							
***************************************	Firm/Company							
Corpora	te Center One, 5301 Southwest Pkwy.	Ste 400						
-	Address		·· ···					
Austin,	TX 78735							
	City/State and Zip Co	de						
E-	mail address: (to be used for future	annual report noti	fication)					
For furt	her information concerning this ma	itter, please call;						
Vanessa	Castillo	888 at (705-7274					
	Name of Person	\	Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the follow	ving amount:						
	S25 Filing Fee	u s	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.

1. N	ame of the limited liability company: PARADISE HO	ME IM	PRO	VEMENT	PURCHAS	SER, LLC			
2. (a)	l ALHAMBRA PLAZA		(b) I ALHAMBRA PLAZA						
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		_		ed liability cor		
	STE 600			STE 600					
	CORAL GABLES, FL 33134	_		CORAL	GABLES, F	L 33134			
	12/1/2021		N	12100001	6060				
3.	Date of filing/registration in Florida	- 4.	_		Documen	t number			
5. (a)	PBYA CORPORATE SERVICES, LLC								
J. (a)	Registered Agent and Registered Office shown on the records o	f the Flo	rida [Dept. of Sta	te:				
	200 SOUTH ANDREWS AVENUE								
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)		_				
	STE 600								
	FORT LAUDERDALE	. 33301							
	, F	L					~>		
(b)	Registered Agent Solutions, Inc.						2023 HAY		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	add	<u>'ess</u> :			- III	:* 	
	2894 Remington Green Ln.						12 F		
	NEW Registered Office Address:				_		НЧ		
	Ste. A						· +: . သ		
					_		. 2		
	Tallahassee, F	L	}						
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the WAEILLIAM LEAVITT	e regist iability of the l c limite	ered corr imit d lia	office an pany, it i ed liabilit bility cor	nd the busing the hereby control to the hereby company	ness office onfirmed t y or as oth	of the registhat the char	stered nge(s) ided in	
/s/ Signa	ature of a member or authorized representative of a member	_			Printed or	typed name		,	
I here provis the ob- to mer	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change. Mackenzie Hibler, Asst, Second	e perfor ed for ii hereby	ict ii man n Ch con	i this cap ce of my apter 602 firm that	acity. I fur duties, and 5, F.S. Or, the limited	rther agre l I am Jam if this doc l liability c	e to comply iliar with a cument is be company ha	with the ad accept ing filed s been	

Signature of Registered Agent