P06000083650

		•		:
	(Requ	estor's Nam	e)	
	4			
			,	
, ÷ , .	(Addre	ess)		
		•		•
	· (Addre	ess)	 	
,				
	(City/S	state/Zip/Pho	ne #)	
	•		•	. •
			_ ،	, ·
PICK-	UP	WAIT	<u>. </u>	MAIL .
	(Busin	ess Entity N	ame)	•
) ‡ · **	•			•
	(Docui	ment Numbe	∍r) .	:
			•	•
Certified Copies		Certificat	tes of Stati	us
*				
	2		:	
- Cu a a a la	- A- FII			
Special Instruction	ns to Fill	ng Onicer.	•	
Take j				· - ·
			•	
		• •	:	
	-			
` =				
				•
-				
•				İ
				-[
				ارييا

Office Use Only



700182934677

07/12/10--01008--029 **35.00



R.A. Charge C.COULLIETTE

JUL 1 3 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corpor	n ations		٠.,			
	•	٠ ـ			ē	
	Dorodice Drope	eti. Dualeana line	_		. •	
SUBJECT:	Paradise Prope	f Corporation	C. ;		•	
	Name o	Corporation	į		-	
DOCUMENT NUMBER:	P(06000083650			٠	
The enclosed Statement of	Change of Registered Of	fice/Agent and fee a	are submitted fo	or filing.	•	1
Please return all correspond	dence concerning this ma	tter to the following				
	Dete	Lea Bidiliana				
-		Ira Milam Contact Person			•	
	i vaino or		1			
			1			
· · · · · · · · · · · · · · · · · · ·	Paradise Pro	perty Brokers, In	C. :			
	Firm	/Company	• *			,
			•	•		
	3273 Bu	rnt Pine Lane		•	1 .	٠.
2 -		ddress		•		
		•	•		•	
	-	EL 00550	•		-	
·	Milramar B	each, FL 32550 and Zip Code	 ·	_		
	5.1,7.2m.	o and sup code	•		•	
•	deidramil	am@cox.net			•	
E-mail	address: (to be used for		port notification	on)		
٠		:		•		
						. `
For further information cor			7			
				-	1 , 1 2	<u> </u>
Name of Co	ontact Person	at () e & Daytime T	elenhone Ni	ımher	•
rante or ec		Area Cour	o a paymino i	erephone 140	***************************************	
Enclosed is a \$35.00 check	made pavable to the Der	partment of State				
	pujuote to tile De		1			
•		• • •	. †			

.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508,		
	ange is submitted for a corporation organized under the er to change its registered office or registered agent, o		
		:	
	the corporation: Paradise Property Broke		00550
2. The principal of	l office address: 3273 Burnt Pine Lane, Mirar	mar Beach, FL	32550
		<u> </u>	
3. The mailing ac	address (if different):	- 1	
4. Date of incorp	rporation/qualification: 6/19/2006 Docum	nent number:	P06000083650
	d street address of the current registered agent and reg artment of State: (If resigned, enter resigned)	istered office on fil	le with the
	Deidra M Milam		
	2015 Pine Island Circle		· · ·
	Miramar Beach, FL 32550	: !	
6: The name and (if changed):	nd street address of the new registered agent (if change	d) and /or registere	d office E
	3273 Burnt Pine Lane		- 3 7
	Miramar Beach, FL 32550		<u> </u>
• .	P.O. Box NOT acceptable	;	
			
	ress of its registered office and the street address of ill be identical.	_	e of its registered agent,
Such change wa authorized by th	vas authorized by resolution duly adopted by its boathe board, or the corporation has been notified in wr	rd of directors or t iting of the chang	oy an officer so e
	m. Mulam	Deidra M Printed or typed name	
I further agree of my duties, an document is bei	ot the appointment as registered agent and agree to e to comply with the provisions of all statutes relativ and I am familiar with and accept the obligation of n eing filed merely to reflect a change in the registered as been notified in writing of this change.	act in this capacity e to the proper an ny position as regi d office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
Deidia	i M. Milam	7-6-1	<u>o</u>
	ignature of Registered Agent	Date	
If signing on be	pehalf of an entity:		
<u> </u>			· • •
1	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

*** FILING FEE: \$35.00 * * *