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(((H22000262030 3)))



H220002620303ABCR

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To:

Division of Corporations

Fax Number : (850)617-6380

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:_

REGISTERED AGENT CHANGE PARADA HOLDINGS CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

A.	RAMSEY
AUG	-4 2022

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: PARADA HOLDING	SS CORPORATION
Name of Corporation	
DOCUMENT NUMBER: P08000063	3137
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, plea	ase call:
Mary Castillo Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	
Mailing Address: Amendment Section	Street Address: Amendment Section
Amendment Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, nge is submitted for a corporati r to change its registered office	on organize	d under the la	ws of the State of	Florida	
	the corporation: PARADA H	_	•			
	office address: 8899 NW 18					
DORAL, F						
3. The mailing a	ddress (if different):		_			
4. Date of incorp	poration/qualification: 6/30/20	800	Document	number: P0800	00063137	
	I street address of the current reg tment of State: (If resigned, ento	-				
	INCORP SERVICE	ES, INC				
	17888 67TH COURT NO	RTH			- 20	
	LOXAHATCHEE		FL	33470	22 AUC	_
6. The name and (if changed):	I street address of the new regist	_		d /or registered of	2022 AUG -3 PH 12 49	
	Registered Agent S	olutions	, Inc.	×	- 2	
	155 Office Plaza Dr	•	Suite A		<u>ن</u>	
	T-U-1		T acceptable	4	_	
	Tallahassee	FL.	3230	l	_	
The street addre as changed will	ess of its registered office and to be identical.	he street ado	lress of the bu	isiness office of i	ts registered agent,	
Such change wa authorized by th	ns authorized by resolution duly ne board, or the corporation has	y adopted by been notifi	its board of ed in writing	directors or by an of the change.	ı officer so	
	S V PACHAS re of an officer or director	M		V PACHAS	Authorized Signer	
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered to comply with the provisions of a lam familiar with and acceping filed merely to reflect a chast been notified in writing of this	fall statutes I the obliga nge in the re	gree to act in Trelative to the tion of my pos	this capacity, he proper and consition as registere	mplete performance ed avent. Or, if this	
Hodean	zidt	(08/03/202	2		
Sign	nature of Registered Agent			Date		
If signing on be	half of an entity:					
Mackenzie Hart,	Assistant Secretary					
Ty	sped or Printed Name	_				
	* * * F[[.ING FEE:	\$35.00 * * *	_		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)