## P10000010232

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
<b>—</b>	<b>—</b>	<b>—</b>			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
·	-	•			
	cument Number)				
(100	cument Number)				
Certified Copies	_ Certificates	of Status			
English Instructions to	Filing Officer:				
Special Instructions to	Filing Officer:				





100185245941

11/12/10--01013--007 \*\*35.00

Ro ch



## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT:	PAREXP C					
DOCUMENT NUMBER:		•				
The enclosed Statement of Change	e of Registered Office/	Agent and fee are submitte	ed for filing.			
Please return all correspondence c	oncerning this matter t	o the following:				
ISHAC RIZER Name of Contact Person						
	PAREXP CORP					
	Firm/Con					
	1100 S POWERLIN					
	Addre	SS				
**************************************	DEERFIELD BEA City/State and	CH, FL 33442 Zin Code				
	2.5.2	_,				
D. mail adding	a.cosine@agri	-trade.net				
E-mail addres	ss: (to be used for ful	ure annual report notific	sation)			
For further information concerning	g this matter, please ca	II:				
ADRIANE CO	SINE	at ( 954 )	4250900			
Name of Contact P		ui ( ,	ne Telephone Number			
Enclosed is a \$35.00 check made p	payable to the Departm	nent of State.				
Division P.O. Box	ent Section of Corporations	Street Address: Amendment Sec Division of Cor Clifton Building 2661 Executive	porations 3			

Tallahassee, FL 32301

TO:

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

statement of cha	provisions of sections 607 nge is submitted for a corp	ooration organizea	under the laws of the Sta	te of FLORIDA
	r to change its registered (		agent, or both, in the Stat	'e of Florida.
	he corporation: PARE			
	office address: 1100 S. D BEACH, FL 33442	`	ROAD, #215.	
3. The mailing a	ddress (if different):		· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	poration/qualification:	2/3/2010	Document number:	P10000010232
	street address of the curre tment of State: (If resigned L3/42 P. 22 6601 LYONS ROAD	d, enter resigned)	and registered office on f	ile with the
	COCONUT CREEK	, FL 33073		
6. The name and (if changed):	street address of the new IShac Kize 1100 S POWERLIN	ر آ	changed) and /or register	ed office
	DEERFIELD BEACH	H, FL 33442 P.O. Box NOT acc	eptable	
	ess of its registered office be identical. as authorized by resolution be board, or the corporation			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regists of comply with the provised I am familiar with and filed merely to reflect been notified in writing that the of Registered Agent	tered agent and agions of all statutes accept the obligate a change in the reof this change.	ISHAC RIZER Printed or typed name gree to act in this capacity relative to the proper and ion of my position as regulatered office address, I	R. MEMBER  And title  And complete performance  And complete performan
Ishac F	half of an entity:			

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