P16000086229

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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NOV 0 8 2016 C. CARROTHERS 2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: November 04, 2016

AE: Kharmen Watkins

TO:

Florida Department of State

REFERENCE:

1016739

PO Box 6327

Tallahasee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

P3 GLOBAL MANAGEMENT INC

Paracorp Miscellaneous Filing (STATEMENT OF CHANGE OF REGISTERED OFFICE)

H1080

IN: FL

SPECIAL INSTRUCTIONS: Please return a plain copy by regular mail to:

Attn: Sharon Cooke: Paracorp Incorporated

2804 Gateway Oaks Dr. Ste 200

Sacramento, CA 95833

Service Description Check Number Name Amount
Paracorp Miscellaneous Filing 618021 Florida Department of State \$35

(STATEMENT OF CHANGE OF

REGISTERED OFFICE)

PLEASE RETURN: Regular Mail

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

PLEASE CALL (800)533-7272 ATTN: Kharmen Watkins TO CONFIRM FILING RESULTS

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.	this	
1. The name of	the corporation: P3 GLOBAL MANAGEMENT INC.		
2. The principal	office address: 1400 FORSYTHE AVE, UNIT F ALM BEACH, FL 33405		
	oddress (if different): 300 PARK AVE 13TH FL ORK, NY 10022		
4. Date of incorp	poration/qualification: 10/24/2016 Document number: P16000086	229	
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	PARACORP INCORPORATED		
	2661 EXECUTIVE CENTER CIRCLE		2
	TALLAHASSEE, FL 32301		ACH
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):			1
	Paracorp Incorporated	3 5	• • • • • • • • • • • • • • • • • • •
	155 Office Plaza Drive, 1st Floor	***	,
	P.O. Box NOT acceptable Tallahassee, FL 32301		
The street addre	ess of its registered office and the street address of the business office of its registe be identical.	ered agen	11,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer s ne board, or the corporation has been notified in writing of the change.	30	
Signatu	CARLOS PU J C Printed or typed name and title	<u>`</u>	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as regi is document is being filed merely to reflect a change in the registered office addre that the corporation has been notified in writing of this change.	istered ss, I	
X.bu	eQQe N4/2016 nature of Registered Agent Date		
If signing on be	half of an entity:		
Laticia ?	Burleson yped or Printed Name		

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