P17822

,						
(Requestor's Name)						
(6.4.4.	>					
(Address)						
(Addr	ress)					
(City/	State/Zip/Phor	ne #)				
PICK-UP	☐ WAIT	MAIL				
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(Busi	ness Entity Na	me)				
(Docu	ument Number)				
Certified Copies	Certificate	es of Status				
Special Instructions to Fi	lling Officer:					
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SECRETARY OF STATE
ALL AHASSEF FLORING

CA Charge C.COULLIETTE JAN 1 5 2010 EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

	DARABAC	!	laa					
SUBJECT:	PARARA S Name o	of Corporation						
DOCUMENT NUM	MBER: P17822							
The enclosed Staten	nent of Change of Registered O	ffice/Agent	and fee ar	e submitted	d for filing.			
Please return all cor	respondence concerning this ma	itter to the f	ollowing:					
_		<u>Hardman</u>						
	Name of Contact Person							
PARARA Services, Inc.								
-	Firm/Company							
	602 W. Indian	Divor Dhu	d Cuito	6				
-	602 W. Indian River Blvd., Suite 6 Address							
-	Edgewat City/Stat	er, FL 32 e and Zip C	132					
	City/State and Zip Code							
 ,	pararals@	bellsouth	.net		-4:\			
1	E-mail address: (to be used for	or ruture an	inuai repo	ort notifica	ition)			
For further informat	ion concerning this matter, plea	se call:						
	Joe Hardman	at (386)	427-1448			
Nam	e of Contact Person		rea Code	& Daytime	427-1448 Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.								
	Mailing Address:		Street A	ddress:				
	Amendment Section Division of Corporations			ment Secti n of Corp				
	P.O. Box 6327			n of Corp. Building	01 at 10118			
	Tallahassee, FL 32314			_	Center Circle			
•		4	Tallaha	ssee, FL 3	32301			

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

statement of cha	nge is submitted for a corpo	oration organized	07.1508, or 617.1508, Flori I under the laws of the State I agent, or both, in the State	of Georgia		
The name of the corporation: PARARA Services, Inc. The principal office address: 602 W. Indian River Blvd., Suite 6, Edgewater, FL 32132						
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	1/29/88	Document number:	P17822		
	street address of the curren tment of State: (If resigned,		t and registered office on file	with the		
	CT Corporation Syste	em				
	1200 S. Pine Island F	Road				
	Plantation, FL 33324	<u> </u>				
6. The name and (if changed):	street address of the new re	egistered agent (i	f changed) and /or registered	office		
	Lola Hardman					
	602 W. Indian River B	Blvd., Suite 6		16 SEL		
	Edgewater, FL 32132	P.O. Box NOT acc	ecptable	JAN CREI		
			lress of the business office			
Such change was authorized by the	is authorized by resolution the board, or the corporation	duly adopted by has been notifi	y its board of directors or by ed in writing of the change.	an officer so		
July Signatur	tadman rector of director	<u> </u>	Lola Hardman, Printed or Typed name a	President*		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registe o comply with the provision d I am familiar with and a ng filed merely to reflect a been notified in writing o	ered agent and a ons of all statute. ccept the obliga change in the re f this change.	gree to act in this capacity, s relative to the proper and tion of my position as regis egistered office address, I h	complete performance tered agent. Or, if this ereby confirm that the		
Fola.	tadwe	m_	January 12,	2010		
	half of an entity:		Suit			
T	Lola Hardman	······	,			

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