

P93000056229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

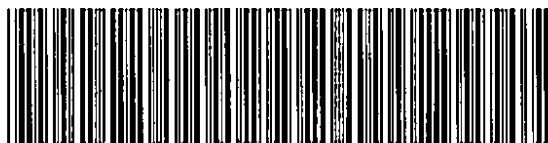
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 05 2019

S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Paradise West Realty, Inc.  
Name of Corporation

DOCUMENT NUMBER: P93000056229

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Diller  
Name of Contact Person

Paradise West Realty, Inc.  
Firm/Company

13043 US Hwy 19  
Address

Hudson FL 34667  
City/State and Zip Code

steve@paradisewestrealty.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Diller at ( 727 ) 863-4567  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Paradise West Realty, Inc.  
2. The principal office address: 13043 US Hwy 19  
Hudson FL 34667  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/9/1993 Document number: P93000056229

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mark A. Spence  
6400 Madison St.  
New Port Richey FL 34652

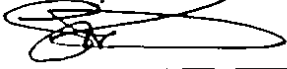
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cedric P. Hay  
12300 US Hwy 19  
P.O. Box NOT acceptable  
Hudson FL 34667

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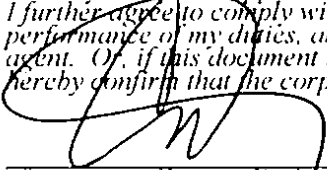
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Steve Diller, Pres & Director  
\_\_\_\_\_  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
\_\_\_\_\_  
Signature of Registered Agent

12/17/18  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR21E045 (03/12)