## F98000005469

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CRM 9/25/14

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DATE:

09-24-14

NAME:

PARACORP INCORPORATED

TYPE OF FILING: REGISTERED AGENT CHANGE

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35.00

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: PARACORP INCORPORATED

Name of Corporation

DOCUMENT NUMBER: F98000005469

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:

Kevin Guse

Name of Contact Person

Paracorp Incorporated

Firm/Company

2804 Gateway Oaks Dr #200

Address

Sacramento, CA 95833

City/State and Zip Code

paracorp@myparacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Guse

 $_{\rm at}$  800  $_{\odot}$ 

533-7272

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

statement of char	ige is submitted	d for a corporation org	502, 607.1508, or 617.15 anized under the laws of stered agent, or both, in	the State of _	California		
1. The name of the	ne cornoration:	PARACORP IN	CORPORATED				
2. The principal of	•	2004 CATEIMA	Y OAKS DR #200				
ar rue franceira.		SACRAMENTO	, CA 95833				
3. The mailing ac	ddress (if differ	ent): PO BOX 16	0568				
	•	SACRAMEN	NTO, CA 95816				
4. Date of incorp	oration/qualific	eation: 9/30/98	Document num	per: _F9800	000546	39	
5. The name and	street address o		agent and registered of				
	CORPOR	RATE ACCESS, I	NC.				
	236 EAS	T 6TH AVE					
	TALLAHA	ASSEE, FL 3230	3	·	SELA SELA	14 SEP	
6. The name and (if changed):	street address of	of the new registered ag	gent (if changed) and /or	registered offi		2	And the second s
_	FLORIDA	FILING & SEAF	RCH SERVICES, I	INC.	آوج 19 درو مس	₹ *	
	155 OFFI	CE PLAZA DRIV	E, 1ST FLOOR			<del>ယ</del> တ	
·	TA:   A!!A		OT acceptable		7>	~~	
	IALLAHA	ASSEE, FL 3230	)1				
The street address changed will	ss of its registe be identical.	red office and the stree	et address of the busines	ss office of its	registered	l agent	,
Such change was authorized by the	s authorized by e board, or the	resolution duly adopt corporation has been i	ed by its board of direct totified in writing of the	ors or by an o	fficer so		
Mich	ean officer or dire	ector	Ninh Ho, Assis	tant Secre			
I hereby accept if	V the appointment o comply with the comply with the comply with the comply with the comply and the comply are defined to the complete complete the complete complete complete the complete complete complete the complete c	nt as registered agent of the provisions of all sta Lam familiar with and	and agree to act in this of atutes relative to the pro- l accept the ohligation of effect a change in the re- l in writing of this chang	capacity. oper and comp of my position	olete as registe	red I	
	attire of Registered	Agent	9/2	4//4/ Date	<u> </u>	**************************************	
If signing on bel	,	y:					
Ty	ped or Printed Name	Ē					

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