

600304443706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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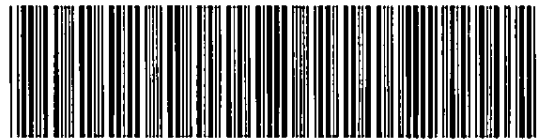
(Business Entity Name)

(Document Number)

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600304443706

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17 OCT 30 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
submits the following statement in order to change its registered office or registered agent, or both, in the State of
Florida

1. Name of the limited liability company: DAVID ASSOCIATES 101, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

319 Clematis Street, Suite 708

West Palm Beach, FL 33401

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

319 Clematis Street, Suite 708

West Palm Beach, FL 33401

08/10/2006

3. Date of filing/registration in Florida

L06000078860

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

LISA GERARD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

319 Clematis Street, Suite 708

West Palm Beach, FL 33401

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

HILLARY O'BRIAN

NEW Registered Office Address:

319 Clematis Street, Suite 708

West Palm Beach, FL 33401

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

ALFRED N. MARULLI

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

INH518 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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