

LOM7000126658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

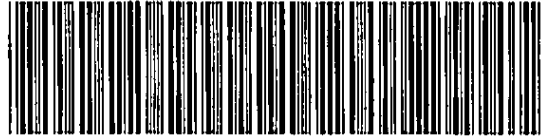
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900308446759

02/01/18 -01024--021 \*\*25.00

FILED  
18 FEB - 4 PM 2:49  
MILWAUKEE COUNTY CLERK  
MILWAUKEE, WISCONSIN

FEB 02 2018  
Y SULKER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DAF & TAF, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Frerichs  
Name of Person

\_\_\_\_\_  
Firm/Company

3196 Condrey Court  
Address

The Villages, FL 32163  
City/State and Zip Code

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

For further information concerning this matter, please call:

Thomas Frerichs at ( 763 ) 577-0956  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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: DAF & TAF, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3196 Condrey Court  
The Villages, FL 32163

3196 Condrey Court  
The Villages, FL 32163

3. 12/21/2007  
 Date of filing/registration in Florida

4. L07000126658  
 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 South Pine Island Road  
Plantation, FL 33324

FILED  
 18 FEB -4 PM 2:49  
 TALLAHASSEE, FLORIDA

(b) \_\_\_\_\_  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Thomas A. Frerichs  
 NEW Registered Office Address:  
3196 Condrey Court  
The Villages, FL 32163

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.

Thomas A. Frerichs  
 Signature of a member or authorized representative of a member

Thomas A. Frerichs  
 Printed or typed name of signee

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.

Thomas A. Frerichs  
 Signature of Registered Agent