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PICK-UP	WAIT	MAIL					
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Certified Copies	Certificates	of Status					
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Special Instructions to	Filing Officer:						
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SEP 24 2014 T. CARTER

LC RA/RO Change



INHS18 (2/14)

COVER LETTER

.TO:	Registration Section Division of Corporations			
SUBJ	Deuce Enterprises, LLC			
		ne of Limited Liability Company		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Pleas	e return all correspondence concerning th	is matter to the following:		
Darr	ell Lawson			
	Name of Person			
Deu	ce Enterprises, LLC			
	Firm/Company			
615	l Springer Dr.			
-	Address			
Port	Richey, Fl. 34668			
	City/State and Zip Code			
info(@deucellc.com			
	E-mail address: (to be used for future ann	nual report notification)		
For fi	urther information concerning this matter,	, please call:		
Darr	ell Lawson	at (727) 484-6909		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section Registration Section			
	Division of Corporations Division of Corporations			
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301			
	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.	Na	me of the limited liability company: Deuce Enter	rprise	es, LL	-C					
2.	(a)			(b)						
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing addres		lailing address of limited li (Note: MAY BE POST C	-			
		6151 Springer Dr.			6151 Springer Dr.					
		Port Richey, Fl. 34668			Port Richey, Fl. 34668					
		11/26/2012		L	.1200014	7795				
3.		Date of filing/registration in Florida	4	٠. –]	Document number				
5.	(a)	Schalles, Larry, CCPA								
٠.	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
		Registered Office Address (MUST BE FLORIDA STREE) 5320 Main St.	T ADDI	<u>RESS)</u>			14 SEP	SECRE TALLAP		
		New Port Richey	5L_346	552			17	FILI TARY HASSE		
							PH	교육B		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				2: 5	S TATE			
		Angela Santogo, Ex	4					D		
		NEW Registered Office Address:	Λ 4 <i>-</i>	_						
		2706 Alt 19 Jule 3	<u>38C</u>	ر						
		Palm Harbor , F	FL <u>3</u>	3468	3					
the age	cha ent w s/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the following agreement of the street was a street or the operating agreement of the street was a street or the operating agreement of the street or the street or the street or the operating agreement of the street or the stre	of the railities of the limit	regist ty con e limit ted lia	ered office npany, it is ted liability ability com	and the business offic hereby confirmed that company or as other pany. Walker	ce of the	e registered ange(s)		
5	Signat	tire of a member or authorized representative of a member	-			Printed or typed name of s	signee			
pre the to	ovisi e obli mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completigations of my position as registered agent as provided by the change in the registered office address, it in writing of this change.	gree to te perf ded for I herei	o act i forma r in Ci by coi	in this capa nce of my d hapter 605, nfirm that t	city. I further agree i luties, and I am famili F.S. Or, if this docu he limited liability col	to comp ar with ment is mpany l	ly with the and accept being filed has been		