

(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:								
8/16	,							
1004	,							

Office Use Only





Please review these docomets

In change the Registered Agent

or DD crestientic to Judson

Talley. If any additional issues

leave call medirectly PLEASE

It 978-238-5182.

Thanking You in Advance,

5 Judson D. Tallen

...EUE.M.II

COVERLETTER

2421 AUG 16 PM 1:09

Title Bug randon fordun		٧
Division of Confirmation		
THE NITE OF THE CALL THE		
MAJICTI	Name of Limited L	tability Company
test for it Malen		
The eco keed Registered Agent Registered	Office Change and	fee(s) are submitted for filing.
Please return all correspondence concernin		
Please return bil (cares, a amanda and a	•	
n moon di tallan		
Name of Person	<u></u>	
Firm Company		
1716 OAKVIEW CV		
Address		_
NRTEVILLE, PL 32578 City/State and Zip Cod		
•	~	
deanthills@gmail.com E-mail address: (to be used for future	annual report notif	ication)
		,
For further information concerning this ma	ner, piease call:	
JUDSON D. TALLEY	978 at (238-5182
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section Division of Corporations
Division of Corporations P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
I di idi tottari i a a a a a a		Tallahassee, FL 32303
W. J. Adv. short for the following		
Enclosed is a check for the follow		
☐ \$25 Filing Fee	7. 3	55 Filing Fee & Certified Copy
INHS18 (2/14)	* Y	Copy of Carcolled Chock Enclosed
		- (- 0)

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

Pursuant to the provisions of sections 6)5,0114 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.

i N	iame of the limited liability company. DJ ENTERPRI	SE CRE	ST	TEW LL	<u>.c</u>				
2 (4)	Presignal office address of lumined liability exempting		(ъ)		Mailing address of limit	ed liability	company:		
	CASE MUST BE STREET ADDRESD				(New: MAY BE PO	ST OFFICE	E BOXO		
	1716 OAKVIEW CV NICEVILLE, FL 32578				1716 04	AKVIEW CV NICEVIL	LE, FL 32	578	
	07/21/2020		l.	2000021	2992				
3	Date of filing registration in Florida	4.	_	-	Document number				
5. (a))								
•. ,-	Registered Agent and Registered Office shown on the records o	f the Flor	ida (Dept. of S	tute:				
	UNISTED STATES CORPORATION AGENTS, INC					خون -	2121		
	Regutared Office Address (MUST BE FLORIDA STREET	ADDRE	22)			<u>-</u> -	I AUG		
	5575 SEMORAN BLVD. 36					>	ক্র		
	ORLANDO E	L 32822	-	·		: .	5		
	·				_	• • •	P.K	;	
(b)	/UDSON D. TALLEY				_		<u></u>		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	<u>add</u>	31:		1.	١,2		
	NEW Registered Office Address:				_				
	1716 OAKVIEW CV								
	NICEVILLE	L 32578							
	F	L							
chang section was	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members of organization or the operating agreement of the	e registe iability of the li limited	com imit d lia	office a pany, it ed liabil bility co	ind the business office is hereby confirmed to ity company or as oth impany.	of the rep that the ch	gistered ange(s)		
<u> </u>	sture of a member	1,	DS	ON D. T.	ALLEY Printed or typed name	of signer			
I hero provis the ob- to mei notifie	eby accept the appointment as registered agent and ag sions of all statues relative to the proper and complete objections of my position as registered agent as provide rely tellect a change in the registered office address, I ed in setting of this change.	ree to a e perfon ed for to hereby	nct in man i Ch con	n this ca ce of my apter 60 firm tha	nacity. I further avre	e to como	ly with i and acc being fi has beer	the cept led	
Signat	ure of Registered Agent								

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