## L21 000 081 335

(Re	equestor's Name)	
(Ac	ldress)	
(Ac		
(Ci	ty/State/Zip/Phor	e #)
PICK-UP	☐ WAIT	☐ MAIL
<u> </u>		
(Bı	usiness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Q	nly 2 21



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22 OCT 11. AM 5: 09

## **COVER LETTER**

Division of Corporations	
SUBJECT: DOSQ	OF Home LLC  Name of Limited Liability Company
Dear Sir or Madam:	Name of Emmed Blabinty Company
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
Cheyenne Moseley	
Name of	Person
Legalzoom.com, Inc.	
Firm/Con	pany
101 N. Brand Blvd., 11th Flo	) pr 
Address	
Glendale, CA 91203	
City/State and	Zip Code
***cust email****	
E-mail address: (to be used f	or future annual report notification)
For further information concerning	this matter, please call:
Cheyenne Moseley	800 773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 cle Tallahassee, Florida 32314
Enclosed is a check for t	ne following amount:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18 (2/14)	

22 OCT 14 KM 5: 09

## 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 c	pmpany: DOSE OF HO	OME LLC				
2. (a)	613 Alfani St.		(b) 4909 Rock Rose Loop				
L. (u)		l limited liability company: STREET ADDRESS)	(0)	Maii	ing address of limited lia		
	Davenport, FL 33896		_ <u>Sa</u>	anford, FI	L 32771		
	02/17/2021		L2′	10000813	335		
3. 5. (a)	Date of filing/regited Tatianna Smith	stration in Florida	4.	Do	ocument number		
J. (u)	Registered Agent and Registered 4909 Rock Rose Loop	Office shown on the records of the Florida Dept. of State  UST BE FLORIDA STREET ADDRESS			22		
	Sanford	, FL	32771			00T 14	
(b)	UNITED STATES CO Enter name of NEW Registered 5575 S. Semoran Blw NEW Registered Office Address	Agent and/or NEW Registered  J., Suite 36	·	;		AH 5: 09	
	Orlando	, FL	32822				
the cha agent v was/we	imited liability company is a single or changes are made, the vill be identical. Or, in the care authorized by an affirmaticles of organization or the company is a single control of the company in the company is a single company.	e Florida street address of case of a Florida limited lia tive vote of the members of	the registere bility compa f the limited limited liabil	d office an my, it is he liability co	d the business office reby confirmed that ompany or as otherw	of the registered the change(s)	
Signat	ture of a member or authorized rep	resentative of a member		Pri	nted or typed name of sig	gnee	
provisi the obl to mere		o thë proper and complete p gjistered agent as provided	performance I for in Chap ereby confir	of my duti Her 605, F.	es, ånd I am familia. S. Or, if this docum	r with and accept ent is being filed	

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

Signature of Registered Agent