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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:____

LLC REGISTERED AGENT CHANGE DGZEPHYRHILLS, LLC

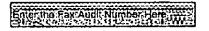
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COVER LETTER

TO: Registration Section Division of Corporations	 بدن		
SUBJECT: DGZEPHYRHILLS, L	LC .		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
NA			
Mary Castillo			
Name of Person			
Registered Agent Solutions, Inc.			
Firm/Company	AL		
1701 Directors Blvd, Suite 300			
Address			
Austin, TX 78744			
City/State and Zip Code			
notices@rasi.com			
E-mail address: (to be used for future annual rep	port notification)		
For further information concerning this matter, please			
Mary Castillo	888 705-7274		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	Tananassee, Florida 32317		
Enclosed is a check for the following amou	int:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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

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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	ame of the limited liability company: DGZEPH)	RHILLS, LLC	
<u>.</u> ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing add	ress of limited liability company: IAY RE POST OFFICE BOX)
	634 FRONT STREET NW, SUITE 400 GRAND RAPIDS, MI 49504	2737 11TH STR ARLINGTON, VA	
	08/26/2016	M160000069	09
3.	08/26/2016 Date of filing/registration in Florida	4. Docume	nt number
5. (a)			
J. (d)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMP		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1201 HAYS ST		
	TALLAHASSEE, FL 32301		是 另 可
			FILED DEC 20 PM
(h)			2 0 m
(0)	Enter name of NEW Registered Agent and/or NEW Registeres	Office address:	
	Registered Agent Solutions, Inc.		更 09
	NEW Registered Office Address:		
	155 Office Plaza Dr., Suite A		
	Tallahassee	32301	
	Tallahassee , Fi		
the cha agent s was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered office and the lability company, it is hereby of the limited liability compar	business office of the registered confirmed that the change(s)
	Patricia Duthifor	Patricia Duthler	Manager
Signa	ture of a member or authorized representative of a member	.; Printed or	typed name of signee
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac: ⁱ in this capacity. I fi e performance of my duties, ar ed for in Chapter 605, F.S. Or hereby confirm that the limite	urther agree to comply with the ud I am Jamiliar with and accept r, if this document is heing filed ad liability company has been
	Justine Karnell		
Signati	ure of pegistered Agent Assistant Secretary		

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

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