Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000182444 3)))



H200001824443ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE 1125DFA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

O SIMMONS

ăii 9:

JUN 17 2020

Electronic Filing Menu

Corporate Filing Menu

Help

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

٠,

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	nme of the limited liability company: $1125$	DHA,	LLC	<u>,                                     </u>		
2. (a)	1125 Rotonda Circle		(b) 24 Iron Mountain Rd.			
(,	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	-		.\	Aailing address of limite ( <u>Note: MAY BE POS</u>	•
	Rotonda West Florida 33947			Warwick	New York 1099	0
	07/17/19		Ĺ	.190001	L84623	
3.	Date of filing/registration in Florida	· · · · · · · · · · · · · · · · · · ·	4.		Document number	
5. (a)	AHEARN, DONNA J					
.). (u)	Registered Agent and Registered Office shown on the	records of the	: Florida l	Dept. of State	::	
	1125 ROTONDA CIRCLE				_	
	Registered Office Address (MUST BE FLORIDA:	gistered Office Address (MUST BE FLORIDA STREET ADDRESS)				202
					_	ال 0
	ROTONDA WEST	ы 3	3947			2020 JUN 16
		, 117			-	φ.
(b)	Registered Agents Inc.				_	= 1.
. ,	Enter name of NEW Registered Agent and/or NEW I	Registered O	ffice add	ress:		<u> </u>
	7901 4th St N					. ~
	NEW Registered Office Address:				-	
	STE 300				_	
	St. Petersburg	, FL 3	3702			
the ch agent was/w the art	limited liability company is not organized undange or changes are made, the Florida street at will be identical. Or, in the case of a Florida lere authorized by an affirmative vote of the maticles of organization or the operating agreement.	ddress of the limited liab lembers of ent of the li	ne regis sility co the limi mited li	tered office mpany, it is ted liabilit	e and the business of shereby confirmed y company or as of upany.	that the change(s) herwise provided in
Sign	ature of a member or authorized representative of a mem	ber	<del></del>		Printed or typed name	of signee
provis the ob- to mei	eby accept the appointment as registered agentions of all statutes relative to the proper and adjustions of my position as registered agent as reflect a change in the registered office and adjustered of this change.  Bill Havre - A	comptete pi s provided	erjorma for in C creby cu -	nce of my hapter 603 infirm that	aunes, ana i am jai 5. F.S. Or, if this de	ocument is being filed
Signat	ure of Registered Agent	<u> </u>		*		