L0200008545	
(Requestor's Name) (Address)	800279801948
(Address) (City/State/Zip/Phone #)	000273001340
(Business Entity Name)	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	12/11/1501007016 <b>*</b> *25.00
Office Use Only	TS DEC 11 PH 3: 14 PALLAHASSEE, FLORIDA
	DEC 1 4 2015 Y SULKER

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## **COVER LETTER**

TO: **Registration Section** . • **Division of Corporations** 

Dare Solutions SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

avid Marrero Name of Person

Dare Solutions

Firm/Company

900 North Federal Highway, Ste 260

Boca Raton, FL, 33432 City/State and Zip Code

<u>david Marrero @ordyx.com</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

)avid Marrero Name of Person

at (561) 807-1602 CXt-1046 Area Code & Daytime Telephone Number

## **STREET/COURIER ADDRESS:**

**Registration Section Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**MAILING ADDRESS: Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

**2** \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. Name of the limited liability company: <u>Dare</u>	Solutions
2. (a) <u>900 North Federal Highway</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>900</u> North Fecteral Highway Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
ste 260, Boca Raton,	Ste 260, Boca Raton
FL 33432	FL 33432
December 7th 2015 3. Date of filing/registration in Florida 5. (a) David Marrero	4. <u>L0200008545</u> Document number
5. (a) Lavid Marrero Registered Agent and Registered Office shown on the records of t	he Florida Dept. of State:
IF Royal Palm Way Registered Office Address <u>MUST BE FLORIDA STREET</u>	tt GO3
Boca Roton ,FL	<u>33432</u>
(b) David Marrero	ARE CON
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:
900 NOFTH Federal Highwar NEW Registered Office Address:	<u>4. Ste 260</u>
· Bora Raton	
, FL	33432
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in

Signature of a member or authorized representative of a member

David Marrero Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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