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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DAUR DUNOFRIO YWENT SALIES, LLC 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:
DREW BIJUDWIN Name of Person
Firm/Company
5721 NW 615 PC Address
PHRICLAND, FC 33067-4431 City/State and Zip Code
DREWBALDWIN @ MS.N.1COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DREW BALDWIN at (954) 263-9292 Name of Person Areá 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:
□ \$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: DAUIE DON OFPIO YACITT SAUES CCC
2. (a) 1875 SE 17th ST (b) 572 I NW 6/ST PC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
HILTON MARINA OFFICE PARKLAND, FC 33067-
TORT LAUDIENDIME, FL33316 443
100000000000000000000000000000000000000
3. Date of filing/registration in Florida 4. Document number
* *
5. (a) <u>DISUE DOUD FRIO MEITT SACES</u> LCC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1675 SE 174 ST. HILTON MANNINA OFFICE 35
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Registered Office Address (MOST BE FLORIDA STREET ADDRESS)
(b) DREW BALDWIN (S/+MR) Enter name of NEW Registered Agent and/or NEW Registered Office address:
(b)
,—
NEW Registered Office Address:
PARKIALD FL
J-MERIOPO 1 C
MUKIMB ,FL 33067-4431
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
DREW BALDWIN
Signature of a member or authorized representative of a member 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