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SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DABLIC
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:
WILLIAM D. HARRIS Name of Person
Firm/Company
P. O., Box 1960 Address
FT WALTON BCU FL 32549 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toug Happus at (850) 259-2683 Name of Person 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:
\$25 Filing Fee \$25 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. Na	ame of the limited liability company: DABLLC
2. (a)	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4207 INDIAN BAYOU TRAIL P. O. BOX 1960
	DESTIN FL 32541 FT. WALTON BON FL 3254
	9/24/03 1030000 36398
3.	Date of filing/registration in Florida 4. Document number
5. (a)	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	4207 INDIAN BAYOU TRAIC
	DESTA ,FL 32541
	<u> </u>
(b)	WILLIAM D. HAPPIUS
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address: ANSE OF TARKY OF THE OF THE OFFICE AND THE OFFICE AND THE OFFICE ADDRESS.
	NEW Registered Office Address: 1207 INDIAN BAJON TRAC BB 28
	4207 INDIAN BAJON TRAIL
	DESTAU , FL 32541
If the I	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	ange or changes are made, the Florida street address of the registered office and the business office of the registered
was/w	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the art	icles of organization or the operating agreement of the limited liability company.
Signa	ture of a member or authorized representative of a member Printed or typed name of signee
_	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisi the obt to mer	ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
Signati	ure of Registered Agent