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COVER LETTER

Division of Corporations			
SUBJECT: Right Way Doywall 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:			
James Keith Kickland Name of Person			
Right Way Dry Wall LLC Firm/Company			
274 East Decby Ave Address			
Auburndale Florida 33823 City/State and Zip Code			
Right Way Dry wall DK @ (rmail com) E-mail address: (to be used for future annual report northication)			
For further information concerning this matter: please call: Dewayne Kland at (868) 707-9935 Name of Person Area Code & Daytime Telephone Number			
SA Maria A S Santa			

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314 **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$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

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.

i N	ame of the limited liability company: Right Way	Daniel 1/6/
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	224 East Derby Ave Auburndale Storida 33823-3823	
3.	Date of filing/registration in Florida 4.	040000 386 17 Document number
5. (a) D (b)	Registered Agent and Registered Office shown on the records of the Florida Dep Pewayne K; rK Land Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 724 East Desby Ave Auburndale FL. 338 Ke; th K; rK Land Enter name of NEW Registered Agent and/or NEW Registered Office address	TALLAHASSEE.FLOR
change agent v was/we the arti	MEW Registered Office Address: 606 S. Ma: A ST. A John A College of the laws of the State or changes are made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limited liability comparere authorized by an affirmative vote of the members of the limited icles of organization or the operating agreement of the limited liability of a member or authorized representative of a member	te of Florida, it is hereby confirmed that after the ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
provisi the obl to mer	by accept the appointment as registered agent and agree to act in t ions of all statutes relative to the proper and complete performance ligations of my position as registered agent as provided for in Chap ely reflect a change in the registered office address, I hereby confit d in writing of this change.	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept nter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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

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