Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H14000207530 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

.

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092 er : (850)878-5368 Fax Number

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

Email	Address:	

LLC REGISTERED AGENT CHANGE DANIS BUILDERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03-4
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

SEP - 8 2014

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ			
	Name	e of Limited Lia	bility Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offic	ce Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the f	oflowing:
			_
	Name of Person		
	Firm/Company		_
	Address		
	City/State and Zip Code		_
	E-mail address: (to be used for future ann	ual report notific	cation)
For fu	urther information concerning this matter,	please call:	
		at ()
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tali	lahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	☐ \$25 Filing Fee	□ \$5.	5 Filing Fee & Certified Copy
INHS	18 (2/14)		

850-617-6381

9/5/2014 11:59:25 AM PAGE 1/001 Fax Server

September 5, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DANIS BUILDERS LLC

FAX FILEC T CORPORATION SYSTEM***

MIAMISBURG, OH 45342

SUBJECT: DANIS BUILDERS LLC

REF: L04000045887

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There is no comma after BUILDERS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

FAX Aud. #: H14000207530 Letter Number: 314A00018970

RECEIVED

14 SEP -5 PH 1:51

19 SEP -5 PH 1:51

10 SEP -5 PH 1:51

P.O BOX 6327 - Tallahassee, Florida 32314

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. Na	me of the limited liability company:	<u></u> -					
2. (a)		ſb)				
(-)	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS) 10748 DEERWOOD PARK BLVD, S,SUITE 175 JACKSONVILLE, FL 32256		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
			3233 NEWMARK DR MIAMISBURG, OH 45342				
	06/17/2004		L040000 458	87			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	BETZ, STEVE						
, (a)	Registered Agent and Registered Office shown on the records o	Ethe Florida	Dept. of State	• ::			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	•			
	10748 DEERWOOD PARK BLVD, S, Suite 175			_	14	Σ.Υ.	
	Jacksonville , F	L_32256			33	FAY.	
{b}	C T Corporation System				SEP-4	ASSE	
(0)	Enter name of NEW Registered Agent and/or NEW Registery	d Office ad	dress:	-	P	Ĺ,	
					ب	FL OF	
	NEW Registered Office Address:			-	13	ORIDA	
	1200 South Pine Island Road			_		12	
	Plantation	L 33324					
if the l	imited liability company is not organized under the la	<u> </u>	State of Flo	- orida, it is hereby confirm	ned that afte	er:	
agent i was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	liability co of the lin e limited	ompany, it i lited liabilit liability con	s hereby confirmed that t y company or as otherwi	the change(s	s)	
	fure of a member or authorized representative of a member	Jord	an Brown	Printed or typed name of sign			
I here provisi he obt to mer	by accept the appointment as registered agent and as ions of all statules relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, to in writing of this change. Diporation System	gree to ac le perform led for in (I hereby c	in this cap ance of my Chapter 602 onfirm that			the ccept filed en	
By:	are of Registeres region						

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