## L04000068362

	(Requestor's Name)	
	(Address)	
<del></del>	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Deitzer, LLC Name of Limite	ed 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:	
Deborah Metther Name of Person		
White Lake Aprilman	13	
5290 70 Th Avenue N-Address	-Office	
Pinellas Park FL 33 City/State and Zip Code	3 <u>781</u>	ING AUG 29 NELAHASSE
Mar. white Lake @ amail - co Esmail address: (to be used for future annual report in	notification)	15 29 P 2: 2 HASSEE, FLORI
For further information concerning this matter, please call	l:	OF G
Deborah Metffel at (7)	727) 526-2683 Area Code & Daytime Telep	
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:		

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

## 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	me of the limited liability company: DEITZY, LLC
2. (a)	(b)
( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	5290 70th Ave. N-DFTices 5290 70th Ave. NOffice
	Finellas Park, FL 33781 Pinellas Park, FL 33781
	9/20/2004 104000068362
3.	Date of filing/registration in Florida 4. Document number
5. (a)	
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Debra 3. Hansen
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	5290 70th Avenue North - OFFice
	Pinellas Park ,FL 33781
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/of NEW Registered Office address.
	Eduard Zumann
	NEW Registered Office Address:
	5290 704 Avenue North - OFFICE N
	Pinellas Park ,FL 33781
the cha agent v was/we the arti	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signa	Sights Audres 8/35/16 Andrew Deitzer  ure of a member or authorized representative of a member Printed or typed name of signee
provisi the obl to mero notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations 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 I in writing of this change.
Signatu	re of Registered Agent 8/25/16