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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	DAMRON EQUITIES, L.L.C.					
	· · · · · · · · · · · · · · · · · · ·	e of Limited L	iability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the	following:			
THOM	MAS M. VANNESS, JR.					
	Name of Person					
	Firm/Company					
1205	N. MEETING TREE BLVD.					
	Address					
CRYS	STAL RIVER, FLORIDA 34429					
	City/State and Zip Code					
TMV(@VANNESSPA.COM					
E	-mail address: (to be used for future ann	ual report noti	fication)			
For fur	ther information concerning this matter,	please call:				
THON	MAS M. VANNESS, JR.	352	795-1444			
	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	□ \$	55 Filing Fee & Certified Copy			
INHS18	8 (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. N	ame of the limited liability company: DAMRON EC		S.	L.L.C.	
2. (a)	(See below) ¥	((b) (See below)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `			Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1205 N. MEETING TREE BLVD.			1205 N.	MEETING TREE BLVD.
	CRYSTAL RIVER, FLORIDA 34429		-		AL RIVER, FLORIDA 34429
			-		
	10/12/2004		L	.0400007	74167
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	Gassman, Alan S.				
,	Registered Agent and Registered Office shown on the records of	the Florid	da f	Dept. of State	::
					91.
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRES	<u>SS)</u>		
	1245 Court Street, Suite 102				SEP
	Clearwater	33756	6		
	,				700
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ıddr</u>	ess:	
	NEW Registered Office Address:				
	1205 N. MEETING TREE BLVD.				
		<u>.</u>			-
	CRYSTAL RIVER	34429	9		
the ch agent was/w	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liater authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the the regability of the limited	ne S giste con mit d lia	ered office npany, it is led liability ability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Sian	ature of a member or authorized representative of a member	וט	!Ar	VE DAMI	
I here provis the ob to mer notifie	ature of a member or authorized representative of a member or a member of a member of accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, to a mortiling of this change. The of Registered Agent	ee to a perfori d for in hereby	ect i mai Ch cor	in this cape nce of my hapter 603 nfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

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