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COVER LETTER

Division of Corporations	<i>**</i>		
Dena's Mountain, LLC			
	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
•			
Dena C. Lyons			
Name of Person			
Dena's Mountain, LLC			
Firm/Company			
PO Box 152			
Address			
Largo, FL 33779			
City/State and Zip Code			
Lyons re@yahoo.com			
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, plea.	se call:		
Kenneth Arsenault	727 584-1199		
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 amo	ount:		
☑ \$25 Filing Fee	☐ \$55 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	me of the limited liability company: Dena's Mounta	ain, LLC)				
2.	(a)	10225 Ulmerton Road	(b) PO Box 152					
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 2	_ (0)	Ma	ailing address of lin (Note: MAY BE P		•	
		Largo, FL 33771		Largo, FL	. 33779			
		11-19-2004	L	.04000084	1515			
3.5.	(a)	Date of filing/registration in Florida Kenneth Arsenault	4.	Г	Document numb	er		
•	()	Registered Agent and Registered Office shown on the records of the 10225 Ulmerton Road Registered Office Address (MUST BE FLORIDA STREET AL		Dept. of State:				
		Suite 2	717ILEDS]					
		Largo , FL 3	3771			TALL	17	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:			RETARY OF STALL AHASSEE, FLORID,	JUN 23 AM &	
		NEW Registered Office Address: Suite E				AIL DRIDA	6.1	
		Indian Shores, FL_3	3785					
the age wa	cha ent v s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of sees of organization or the operating agreement of the li	he regist pility con the limit	ered office a npany, it is led liability of the contraction of the co	and the business hereby confirme company or as o	office of that the	of the ne cha	registered nge(s)
- <u>s</u>	ignat	ure of a member of anthorized representative of a member	Dena	a C. Lyons	S Printed or typed nan	ne of sign	ee	
pro the to i	visio obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act i erformai for in C) ereby con	n this capac nce of my di napter 605, i nfirm that th	city. I further ag ities, and I am f F.S. Or, if this a e limited liabili	gree to c amiliar documen ty compo	romply with a nt is b any ho	with the nd accept eing filed as been
Sig	natui	e of Registered Agent						