## L0500037591

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**S Warren** MAR 0 2 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI	DM STABLES, LLC						
		ne of Limited Li	ability Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
Monic	ca L. Zapata						
	Name of Person		<del>_</del>				
Shum	naker, Loop & Kendrick, LLP						
	Firm/Company		<del></del>				
1000	Jackson Street						
	Address						
Toled	do, OH 43604						
	City/State and Zip Code		_				
mzap	oata@slk-law.com						
E	E-mail address: (to be used for future ann	ual report notif	ication)				
For fur	rther information concerning this matter,	, please call:					
Monic	ca L. Zapata	419 at (	321-1298				
	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		Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	<b>□</b> \$5	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: DM STABL	ES, LLC			
		(b) P.O. Box 30	(b) P.O. Box 30, Archbold, OH 43502  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  275 Montoroy Drive	Mailin ( <u>No</u>			
	275 Monterey Drive	P.O. Box 30			
	Naples, FL 34419	Archbold, Ol	H 43502		
	4/14/2005	L0500003759	91		
3.	Date of filing/registration in Florida	4. Doc	ument number		
5. (a)					
J. (4)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of State:			
	Dean Miller				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)			
	275 Monterey Drive				
	Naples	34419			
	,	<u>.                                    </u>			
(b)			100 M		
	Enter name of NEW Registered Agent and/or NEW Register		LED 28 A 2: 2: ARY OF STATE SSEE, FLORID		
	Diane K. Miller, Trustee of the Dean E. Mi	ler Revocable Trust,	T SIN		
	u/a/d February 15, 2013, as amended	· · · · · · · · · · · · · · · · · · ·	REE 2		
	NEW Registered Office Address:		<b>γ</b> Ψ		
	10951 Gulf Shore Drive, Unit 1001				
	Naples	<sub>FL</sub> 35108			
104 1					
the cha agent was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of the	of the registered office and liability company, it is here to fit the limited liability con	the business office of the registered beby confirmed that the change(s) npany or as otherwise provided in of the Dean E. Miller Revocable Trust.		
Signa	ture of a member or authorized representative of a member	Print	ted or typed name of signee		
provis. the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	gree to act in this capacity, ie performance of my dutie, led for in Chapter 605, F.S I hereby confirm that the li	I further agree to comply with the s, and I am familiar with and accept Or, if this document is being filed mited liability company has been		