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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Dustin Do (Name of Limited I	Liability Company)	<u>·</u> · ·
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted	for filing.
Please return all correspondence concerning this mate	ter to the following:	
Name of Person) Dusch David UC (Firm/Company) 1594 (ommon Way Rd. # (Address) Olando, FL 32814 (City/State and Zip Code)		05 NOV -3 AM II: OU SECRETARY OF STATE TALLAHASSEE FLORIDA
For further information concerning this matter, please	e call:	
$\frac{\int u \int u \int u du}{\text{(Name of Person)}} \text{at } (2)$	(Area Code & Daytime T	
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 amou	nt:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (8/05)

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limit liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability company is: Dustin David ULC
2. The mailing address of the limited liability company is: 1594 Lommon Way Rd #301
Orlando, FU 32814
May 4,2005. 605,000,046,720
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Duschn David Name 860 Grand Regency Pl. #100 Address Altamande Sacients Fl. 32 114
6. The name and address of the new registered agent and/or office:
Name 1594 I ommon Way Rd. #30) Florida street address (P.O. Box NOT acceptable) Orlando, FL 328/4 City, State and Zip
If the limited liability company is not organized under the laws of the State of Floridative is the registered office confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

(Signature of Registered Agent)