L05000000530

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: , | | |
| /JUL'3 1 2013 | | |
| L. SELLERS | | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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|---|--|
| TO: Registration Section | |
| Division of Corporations | |
| • | |
| D 0 0 11 5 5 | - V - V - O AVENTE (A - V A) |
| SUBJECT: DRAKE DE | EVELOPMENT GROWP, LL |
| Name of L | imited Liability Company |
| | |
| Dear Sir or Madam: | |
| | |
| The enclosed Registered Agent/Registered Of | fice Change and fee(s) are submitted for filing. |
| | |
| Please return all correspondence concerning t | his matter to the following: |
| | |
| · | |
| KURT DRAKE | _ |
| | · |
| Name of Person | |
| | |
| DRAKE DEVELOP | MENT GROUP, LLC |
| Firm/Company | 7 |
| 1 mile Company | |
| | |
| 2114 STONEVIEW | RD, ODESSA, FL 33 |
| Address | RO DESSA FL 33 |
| | |
| AARCEA TI 24 | CT/ |
| ODESSA FL 33 City/State and Zip Code | 336 |
| City/State and Zip Code | |
| | |
| KDINDC (a) HOTA | NAIL.COM |
| E-mail address: (to be used for future annual report no | ntification) |
| | |
| For further information concerning this matte | r, please call: |
| | |
| KURT DRAKE | at (813) 3(7-7369 |
| Name of Person | Area Code & Daytime Telephone Number |
| Name of Person | Area Code & Daytine Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |
| | |
| Enclosed is a check for the followin | g amount: |
| ¥\$25 Filing Fee | □ \$55 Filing Fee & Certified Copy |
| — 420 i iiii 6 i 00 | — 400 i ming i co co continua copy |

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 liability company submits the following statement in ordagent, or both, in the State of Florida. | 508, Florida Statutes, the undersigned limited er to change its registered office or registered |
|--|--|
| 1. Name of the limited liability company: DRA | KE DEVELOPMENT GROUPLU |
| 2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) | y: 6515 GRAZING LN ODESSA, FL 33556 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 6515 GRAZING EN ODESSA, FL 33556 |
| 6-17-05 | L05000060530 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | KURT DRAKE |
| Registered Office Address: | KURT DRAKE 6515 GRAZING LN ODBSSA, FL 33556 |
| NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | SAME (KURT DRAKE) 2114 STONEVIEW RD ODESSA FL 33556 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member or authorized representative of a member | laws of the State of Florida, it is hereby Florida street address of the registered office atical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote of |
| KURT DRAKE | |
| Printed or typed name of signee | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address. I hereby confirm that the limited liability compa | SS |
| Signature of Registered Agent | |
| Division of Corporations, P.O. Box 6 | |