## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000210502 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number : I19990000015 : (727) 461-1111 Phone

: (727)461-6430 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE DORIS HOMES, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

2017 AUG -9

Corporate Filing Menu

Help

AUG 1 0 2017

Y SULKER

## 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. Name of the limited liability company: Mailing address of limited liability company: <u>13340e</u> Principal office address of limited liability company: MAY BE POST OFFICE BOX (Note: MUST BE STREET ADDRESS) Document number filing/registration in Florida 3. shown on the records of the Florida Dept. of State: gent and/or NEW Revistered Office address NEW Registered Office Address If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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 identifial. Of in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was were authorized by all affirmative of the manhors of the limited liability company. was/were authorized by all affirmative vote of the members of the limited liability company or as otherwise provided in greement of the limited liability company. the articles of orga Printed or typed name of signee representative of a member I hereby accept the appointment as registered ogent 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 605. 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. Signature of Registere

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