120600076633

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	Je	
	,	
RA		

Office Use Only



400082282294

12/06/06--01015--014 **25.00

06 DEC -6 AHII: 42

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Destination Development (Name of Limite	prest And Land Company, LLC d Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Deric Stull (Name of Person)		
Destination Development and	d Land Company, UC	
1971 SE Hampshire Way A	fot# 103	
Stuart, FL. 34994 (City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
at (at (at ((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 am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified 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 608.508, 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.

A .	
1. The name of the limited liability company is: Destruction Development	est and band com
2. The mailing address of the limited liability company is: 1571 5F H	Aupshire way
APX 103 Stunt, FL. 34994	
Aus 3,3006 3. Date of filing/registration in Florida L060007 4. Document number	16633 er
5. The name of the registered agent and the registered office address as shown on Florida Department of State:	the records of the
Derric Stull Name 234 Morcia Or, Apt 203 Address Tupitar, Fl. 33458 City, State and Zip	06 DEC -6 AI
6. The name and address of the new registered agent and/or office: Ocric Stoll Name	AM II: 42 OF STATE EE.FLORIDA
Name NAY #103 Florida street address (P.O. Box NOT acceptable) Stuart FL 34994	
City, State and Zip If the limited liability company is not organized under the laws of the State of Floronfirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized to the members of the limited liability company or as otherwise provided in the arms.	the registered office a Florida limited by an affirmative vote
or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	3
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capa comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligations of my position as registered age Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in address, I hereby confirm that the limited liability company has been notified in w	city. I further agree to ormance of my duies, ent as provided for in the registered office riting of this change.

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

(Signature of Registered Agent)