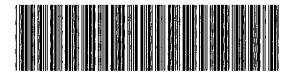
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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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S. HAWKES

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EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: DRU HOLDINGS, LLC	
(Name	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
STEWART H. LAPAYOWKER (Name of Person)	
(Name of Felson)	
STEWART H. LAPAYOWKER, P.A.	
(Firm/Company)	
5360 NW 20TH TERRACE, SUITE 205 (Address)	
(Address)	
FORT LAUDERDALE, FL 33309	
(City/State and Zip Code)	diam's di
For further information concerning this matt	ter, please call:
MICHAEL BANAS	at (<u>954</u>) <u>202-9600</u>
(Name of Person)	(Area Code & Daytime 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 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:

☐ \$55 Filing Fee & Certified Copy

☎ \$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 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. Name of the limited liability company: DRU HOLD	DINGS, LLC		
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: <u>1877 S. FEDERAL HI</u> BOCA RATON, FL 334		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOVE	15 8 TO	
	,	7 7	
3. Date of filing/registration in Florida	1.06000093568 4. Document number	75	
		弹 ω	
5. (a) Registered Agent and Registered Office shown or	the records of the Flor	ida Dept. of State:	
Registered Agent:	LAPAYOWKER, GOLDSTEIN LLP		
Registered Office Address:	2700 NORTH MILITARY TRAIL, SUITE 130 BOCA RATON FL 33431 US		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office a	address:	
NEW Registered Agent:	STEWART H. LAPAYOWKER, P.A.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5360 NW 20TH TERRA SUITE 205		
	FT. LAUDERDALE	,FL <u>33309</u>	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	et address of the registe case of a Florida limited by an affirmative vote	ered office and the business d liability company, it is of the members of the limited	
DRU SCHMITT, MANAGING MEMBER (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 plan familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to the confirmation of Registered Agent)	agree to act in this cape roper and complete per n as registered agent as change in the registere ed in writing of this cha	acity. I further agree to formance of my duties, and I provided for in Chapter 608 d office address, I hereby nge.	

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