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(Re	equestor's Name)
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phor	ne #) .
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number	·)
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S. HAWKES

MAY 0 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Donna M. Poyle Investments, LLC (Name of Limited 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 matter to the following:
Donna M. Doyle (Name of Person)
(Firm/Company)
11144 Marjoram Dr (Address)
Palm Bch Codns, FL 33418 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (S61) 626-5403 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cformation Section Division of Corporations Clifton Building Cformation Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times\$ \$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.

1. Name of the limited liability company: Dor	ma M. Doyle Investments, LLC
2. (a) Principal office address of limited liability c (Note: MUST BE STREET ADDRESS)	ompany: 11144 Marjoram Dr. Palm Bch Gans, FL 33418
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	7: 11144 Marjoran Dr. Palm Bch Gans, FL 33418
 1/0/2007 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shows 	LO700003768 7 4. Document number own on the records of the Florida Dept. of State:
Registered Agent:	Donna M. Doyles
Registered Office Address:	10625 N. Military Tribuil Swite 103 Palm Beach Gardens, Fr 33410
(b) Enter name of NEW Registered Agent and	or NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	PIMBON Gardens, FL 33418
that after the change or changes are made, the Flori office of the registered agent will be identical. Or, hereby confirmed that the change(s) was/were authorized to the change of the registered agent will be identical.	der the laws of the State of Florida, it is hereby confirmed da street address of the registered office and the business in the case of a Florida limited liability company, it is orized by an affirmative vote of the members of the limited ticles of organization or the operating agreement of the
Printed or typed name of signee)	
	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I position as registered agent as provided for in Chapter 608, flect a change in the registered office address, I hereby notified in writing of this change.

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