

L070000 32595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

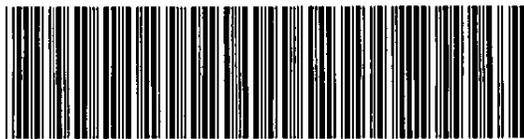
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 19 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DARINGA 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:

Rhys William Dale
Name of Person

DARINGA LLC
Firm/Company

1623 COLLINS AVE - APT 616
Address

MIAMI BEACH, FL 33139
City/State and Zip Code

BILLD8@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhys William Dale at (561) 3178574
Name of Person 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 amount:

\$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 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.

1. Name of the limited liability company: DARIMGA LLC
2. (a) 1623 COLLINS AVE (b) SAME AS PRINCIPAL ADDRESS
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

APT 616
MIAMI BEACH, FL. 33139

3. 03/27/2007 4. LO7000032595
 Date of filing/registration in Florida Document number

5. (a) CORP DIRECT AGENTS, INC
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND ROAD
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33324

- (b) Rhys William Dale
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
1623 COLLINS AVE
APT 616
MIAMI BEACH, FL 33139

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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 identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rhys William Dale Signature of a member or authorized representative of a member
Rhys William Dale Printed or typed name of signee

I hereby accept the appointment as registered agent 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.

Rhys William Dale
 Signature of Registered Agent