107000047019

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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	~	DB .			

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations			
SUB	JECT: <u>DOLLAR DEPOT PLU</u>			
	(Name of	f Limited Liability Company)		
Dear	Sir or Madam:			
The o	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted	ed for filing.	
Pleas	se return all correspondence concernin	ng this matter to the following:		
Pos	st-Formation Filings			
	(Name of Person)			
My(Corporation (Firm/Company)	<u> </u>	· 07 J SEC	
	(Fills/Company)		JUL -5 XETAN AHASS	1 1
265	20 Agoura Road		[]] —.	E CONTROL OF THE CONT
	(Address)		EFE FE	
Cala	abasas, California 91302		I: 10 STATE LORIDA	
	(City/State and Zip Code)			
For f	urther information concerning this ma	atter, please call:		
Pos	t Formations	at (818) 879-9079		
	(Name of Person)	(Area Code & Daytime	Telephone Nur	nber)
	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 follow	ing amount:		
	✓ \$25 Filing Fee	\$55 Filing Fee & Certifie	ed 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. The name of the limited liability company is: DOLLAR DEPOT PLUS, LLC				
2. The mailing address of the limited liability company is:				
14510 7th Street, Dade City, Florida 33523-3101				
05/02/2007 L07000047019				
3. Date of filing/registration in Florida 4. Document number				
5. The name of the registered agent and the registered office address as shown on th Florida Department of State:	e records of the			
Walker, Alan				
Name 14510 7th St Address				
	 4			
Dade City, FL 33525 City, State and Zip	07 SE(
6. The name and address of the new registered agent and/or office:	JUL AHA			
Alan Walker	SSE SSE			
Name 14510 7th St	5 PH 1: 10 SEE, FLORIDA			
Florida street address (P.O. Box NOT acceptable)	ORID ORID			
Dade City FL 33523-3101	A. O			
City, State and Zip	•			
If the limited liability company is not organized under the laws of the State of Floric confirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a liability company, it is hereby confirmed that the change(s) was/were authorized by of the members of the limited liability company or as otherwise provided in the artior the operating agreement of the limited liability company.	e registered office			
(Signature of a member or authorized representative of a member)				
Alan Walker				
(Printed or typed name of signce) I hereby accept the appointment as registered agent and agree to act in this capacit comply with the provisions of all statutes relative to the proper and complete perfor and I am familiar with and accept the obligations of my position as registered agent Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the address, I hereby confirm that the limited liability company has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.			
(Signature of Registered Agent) Alan Walker				

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

Alan Walker

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. The name of the limited li	ability company is:	DOLLAR DEPOT PLUS	S, LLC			
2. The mailing address of the limited liability company is:						
14510 7th Street, Dade City, Florida 33523-3101						
14010741041004, Dude	o Oily, i ioilda ooo					
05/02/2007		L07000047019				
3. Date of filing/registration	ıber					
5. The name of the registered Florida Department of State		tered office address as shown o	n the records of the			
<u>W</u>	alker, Alan	,				
		Name				
14	4510 7th St	A .1.1				
D	ade City, FL 335	Address				
<u>Di</u>	City,	State and Zip	0 7A1			
6. The name and address of t	•	•	T JUL			
Al	an Walker		-5 -5			
		Name	Mar. —			
	510 7th St		TS P M			
F	lorida street address	(P.O. Box NOT acceptable)	PH 1: 10 PH 1: 10 FLORIDA			
Da	ade City	FL 33523-3101	A A A A A A A A A A A A A A A A A A A			
	<u> </u>	tate and Zip				
confirmed that after the chan and the business office of the liability company, it is hereby	ge or changes are me registered agent with confirmed that the	ander the laws of the State of F ade, the Florida street address of ll be identical. Or, in the case of change(s) was/were authorized or as otherwise provided in the company.	of the registered office of a Florida limited I by an affirmative vote			
(Signature of a member or authorized	representative of a member	<u>r)</u>				
Alan Walker (Printed or typed name of signee)						
Jeka Wall		gent and agree to act in this cape to the proper and complete pe s of my position as registered a liled to merely reflect a change y company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.			
(Signature of Registered Agent) Ala	an Walker					

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