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Special Instructions	s to F	iling Officer:		
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SECRETARY OF STATE PALLAHASSEE, FLORIDA

SEP 15 AM III: 6

M. THOMAS

SEP 1 6 2008

EXAMINER

Corporatedirect/

Creating Your Financial Future.®

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-284-7165 - Darla Direct 800-600-1760 - Toll Free 775-824-0105 - Fax dshields@corporatedirect.com

September 9, 2008

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Davis Real Estate Solutions, LLC

Dear Clerk:

Enclosed please find the Statement of Change of Registered Office for the above referenced entity and our check in the amount of \$25.00 for the filing fees. Please return this filing in the envelope that has been provided.

Thank you for your assistance with this filing. Should you have any questions, please don't hesitate to contact me at the number above.

Sincerely,

Darla Shields

Account Executive

:ds Encl.

COVER LETTER

	☐ \$55 Filing Fee & Certified Copy		
Enclosed is a check for the following am	ount:		
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		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Darla Shields at (775) 284-7165	_	
For further information concerning this matter, pla	ease call:	≱ _m	en.
(City/State and Zip Code)		SE	AM FILLS
Minden, NV 89423		Y OF S	
(Address)		SSA SSA	5
2248 Meridian Blvd., Suite H		SECRE	OB SEP
Corporate Direct, Inc. (Firm/Company)			
Darla Shields (Name of Person)			
Davis Chiefe			
Please return all correspondence concerning this n	natter to the following:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Dear Sir or Madam:			
(Name of Bill	mod Blacini, Company)		
SUBJECT: Davis Real Estate Solutions, (Name of Lin	, LLC nited Liability Company)	_	-+-
Division of Corporations			
TO: Registration Section			•

INHS18 (5/08)

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 liabil	ity company: Davis Rea	l Estate Solutions, LLC	.	_ +
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)				
(b) Mailing address of lin (Note: MAY BE PO	nited liability company: ST OFFICE BOX)	11117 Schaeffer Lane Lake Wales, FL 33898		_ 0
December 14, 2007 3. Date of filing/registration	in Florida	L07000124107 4. Document number		-
		n the records of the Florida D	ept. of State:	
Registered Agent:	Ü	Roma F. Davis		_
Registered Office Ad	dress:	11117 Schaeffer Lane Lake Wales, FL 33898		
(b) Enter name of <u>NEW I</u> <u>NEW Registered Ago</u>		EW Registered Office addre	SECRETARY SECRETARY SSS:	SEP 15 A
NEW Registered Off		1037 Greystone Lane	FL 34232 M	A P
If the limited liability comparthat after the change or chang office of the registered agent hereby confirmed that the challability company or as other limited liability company. Signature of a member or authorized in the challability company.	ges are made, the Florida structure will be identical. Or, in the ange(s) was/were authorized wise provided in the articles	e laws of the State of Florida, eet address of the registered of case of a Florida limited liab l by an affirmative vote of the	it is hereby confir office and the busin ility company, it is members of the li	ness s mited
Sarena Davis		<u></u>		
(Printed or typed name of signee) I hereby accept the appoint to comply with the provisions of am familiar with and accept F.S. Or, if this document is be confirm that the limited liability.	nent as registered agent and fall statutes relative to the p the obligations of my position peing filed to merely reflect (lity company has been notifi	agree to act in this capacity. proper and complete performe n as registered agent as prov a change in the registered off ed in writing of this change.	I further agree to ance of my duties, vided for in Chapte ice address, I here	and I or 608, by

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

(Signature of Registered Agent)