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SECRETARY OF STATE.

K.SALY EXAMINER JAN 13 2014

COVER LETTER

Division of Corporations	
SUBJECT: Dilson, & M Name of Limited Lia	Valter LLC
Name of Emilted Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Walter Schild Name of Person	
Name of Person	
Dilson & Walter LLC	
Firm/Company	
8033 Sunset Blud \$877	, I was not the wide of control costs
Las Angelesy CA 90046 City/State and Zip Code	falter with Through 37774
City/State and Zip Code	r de l' Mission de la company de la company La company de la company d
walter edilson. com	
E-mail address: (to be used for future annual report notification)	·····
For further information concerning this matter, please of	call:
Walten Ichild at 3	310-363-0877
Name of Person	Area Code & Daytime Telephone Number
Registration Section Division of Corporations Clifton Building	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 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.

Name of the limited liability company:	Dilson & Walter LLC
2. (a) Principal office address of limited liability compar	ny: 8033 SUNSET BOULEVARD
(Note: MUST BE STREET ADDRESS)	SUITE 877 LOS ANGELES, CA 90046
(b) Mailing address of limited liability company:	2731 EXECUTIVE PARK DR.
(Note: MAY BE POST OFFICE BOX)	SUITE 4 WESTON, FL 33331
10/24/2008	L080001005 2 T
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. State:
Registered Agent:	NRAI SERVICES, INC.
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
NEW Registered Agent: NEW Registered Office Address:	InCorp Services, Inc. 17888 67th Court North
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	
(MUST BE FLORIDA STREET ADDRESS)	Loxahatchee ,FL33470
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as odd, or the operating agreement of the limited liability compa	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Walter Schild	
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 pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability company. Natalia Balas on behalf of InCorp Services, Inc.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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