L08000116283

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APR -8 2009

EXAMINER

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COVER LETTER

Division of Corporations		
SUBJECT: DIS & DAT MAINTEN	CNCELLC	_
	e of Limited Liability Company)	
(Tunn	o of Emilion Emplify Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for	filing.
Please return all correspondence concerning	ng this matter to the following:	
CORNISHA NICOLE MACK	<u> </u>	
(Name of Person)		26 7A
		TIL 2009 APR -6 SECRE FAR' TALLAHASS
DIS&DAT MAINTENCNCE LLC		PR -
(Firm/Company)		
		PH 1:47 OF STATE
544 NW 10TH STREET		FLC ST
(Address)	n	PATE 4
FLORIDA CITY FLORIDA 33034		A P
(City/State and Zip Code)	100 - 10 - Ma	
1		
For further information concerning this ma	atter, please call:	
CORNISHA NICOLE MACK	at (786) 752-0024	
(Name of Person)	(Area Code & Daytime Telephone N	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 follow	ring amount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Cop	y

INHS18 (5/08)

TO: Registration Section

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: DIS&DAT N	MAINTENCNCE LLC	. 0
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 544 NW 10TH STREET	
(NOIC. MOST DE STREET ADDRESS)	FLORIDA CITY FLORIDA 33034	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	544 NW 10TH STREET	. 0
(Note: MAT DE TOST OFFICE BOX)	FLORIDA CITY FLORIDA 33034	
12/22/2008	Ł08000116283	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	71
Registered Agent:	JESSE LAND AAR AAR AAR AAR AAR AAR AAR AAR AAR AA	
Registered Office Address:	544 NW 10TH STREET	П
	FLORIDA CITY FLORIDA 33034	D
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	CORNISHA NICOLE MACK	
NEW Registered Office Address:	544 NW 10TH STREET	
(MUST BE FLORIDA STREET ADDRESS)	FLORIDA CITY ,FL 33034	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the busin case of a Florida limited liability company, it is by an affirmative vote of the members of the li	ess mited
JESSE LAND (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	ngree to act in this capacity. I further agree to oper and complete performance of my duties, a sregistered agent as provided for in Chapte change in the registered office address, I hereld in writing of this change.	and I r 608, by
(Signature of Registered Agent)		
District	/ 20 M I TO 30 4 4	

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