Landonala

| (Re | equestor's Name) | | | | | | | | |
|--------------------------|------------------|-------------|--|--|--|--|--|--|--|
| (Address) | | | | | | | | | |
| (Address) | | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | | | |
| (Document Number) | | | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | | | |
| Special Instructions to | Filing Officer: | | | | | | | | |
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Office Use Only



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JAN OB 20.53 J. BRUCE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| United D & D Properties, LLC SUBJECT: | |
| | ited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chang | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter t | to the following: |
| David A. Netburn, Esquire | |
| Name of Person | |
| Rolnick & Netburn | |
| Firm/Company | |
| 5521 N. University Drive, Ste. 204 | |
| Address | |
| Coral Springs, FL 33067 | 2018 JAN SECKETA |
| City/State and Zip Code | ARE IAS YEAR AND A RESTRICT OF THE IAS YEAR AND A RESTRICT OF |
| WOURLINGDI D AOL. COM | |
| E-mail address: (to be used for future annual report | 20 m |
| For further information concerning this matter, please ca | dl: |
| David A. Netburn, Esquire | 346-5001 |
| 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 |

INHS18 (2/14)

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. | Na | me of the limited liability company: | United | l D & | D Pro | perties | s, LL | <u> </u> | |
|----------------------------------|--|--|---|---|--|--|-----------------------------------|----------------------------|--|
| 2. | (a) | 1280 SW 36th Avenue #203: Principal office address of limited liability com (Note: MUST BE STREET ADDRESS) | pany; | (b) | | Office Mailing addre (Note: MA | ss of limite | ed liability | company: |
| | | Pompano Beach, FL 33069 | | - | Marga | te, FL | 33093 | 3 | |
| | | 01/29/2009 | | | L0900 | 0009619 | ì | | |
| 3. | | Date of filing/registration in Florida | | 4. | | Document | | | |
| 5. | (a) | David A. Netburn | | | | | | | |
| ٠. | (u) | Registered Agent and Registered Office shown on the r 9734 W. Sample Road | ecords of the | Florida D | Dept. of State | - e: | | | |
| | | Registered Office Address (MUST BE FLORIDA S | TREET AD | DRESS) | | - | | | |
| | | Coral Springs | , FL_33 | 3065 | | - | | | |
| | (b) | David A. Netburn | | | | | ALL/ | 2016 | |
| | | Enter name of NEW Registered Agent and/or NEW R | egistered Of | fice addr | ess: | - | *** | JAN | |
| | | 5521 N. University Drive, Ste. 204 | | | | | ARY C | Ė | () |
| | | NEW Registered Office Address: | | | | | | | |
| | | Coral Springs | , FL_33 | 3067 | | | | S | |
| the age wa: | chaint w | mited liability company is not organized unde nge or changes are made, the Florida street ad ill be identical. Or, in the case of a Florida ling re authorized by an affirmative vote of the me thes of organization or the operating agreemen | dress of the mited liabil embers of the | registe lity com ne limite nited lia | ered office pany, it is ed liability bility com | e and the bu s hereby con y company o npany. | siness of nfirmed or as oth | ffice of that the erwise p | the registered change(s) |
| | VV. | Whin W. John | | | _ | ピーチャ | | • | |
| I h pro the to n not | ereb visio obli nere ified | ure of a member or authorized representative of a member of accept the appointment as registered agent ons of all statutes relative to the proper and congations of my position as registered agent as ly reflect a change in the registered office add in writing of this change. | and agree | to act in rforman or in Ch eby con | n this capa ace of my a | Printed or ty acity. I furt duties, and , F.S. Or, i the limited | her agre I am tan | e to con uliar wi | nply with the th and accept is being filed y has been |
| _ | | | | | | | • | | |