109000078988

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



600293152276

12/30/16--01006--001 **25.00

2016 DEC 30 PM 3: 46
SECKETARY OF STATE

K. SALY JAN -3 2017

COVER LETTER

TO: Registration Section Division of Corporations	•				
DEAK'S LEGACY, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning t	his matter to the following:				
Shela Lanette Clark					
Name of Person					
Deak's Legacy, LLC					
Firm/Company					
10524 Moss Park Road, Suite 204-63	7				
Address					
Orlando, Florida 32832					
City/State and Zip Code					
Shela.L.Gilchrist@partners.mcd.com					
E-mail address: (to be used for future ar	nnual report notification)				
For further information concerning this matte	er, please call:				
Shela Lanette Clark	407 273-6165				
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: CRegistration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	ng 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 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	ume of the limited liability company: DEAK'S LEGA	CY, L	LC	
2. (a)	10524 Moss Park Road, Suite 204-637	(t	10524 N	loss Park Road, Suite 204-637
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (~	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando, Florida 32832	-	Orlando,	Florida 32832
	08/17/2009	_	L0900007	78988
 (a) 	Date of filing/registration in Florida DE ROSSET, J.B.	4.		Document number
(6)	Registered Agent and Registered Office shown on the records of the ONE DATRAN STREET, SUITE 512		· .	
	Registered Office Address (MUST BE FLORIDA STREET AL		<u> </u>	ZIIN PALLA
(b)	MIAMI , FL 3 SHELA LANETTE CLARK	2156		MIGDEC 30 PH 3:46 RECRETARY OF STATE TALLAHASSEE. FLORID
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> 10524 Moss Park Road, Suite 204-637	Office ad	dress:	STATE STATE
	NEW Registered Office Address:			-
	Orlando , FL 3	2832		- -
the cha agent v was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabete of a member or authorized representative of a member	he regi bility co the lin mited She	stered office ompany, it is nited liability liability con ela Lanette	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in an analyse. E Clark Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had d in writing of this change.	erform for in (creby c	t in this capt ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent