

LD9000112785

Foreclosure Management Group
206 Easton Drive #107
Lakeland, Florida 33803

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

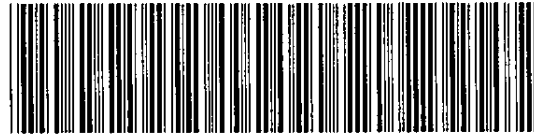
(Business Entity Name)

(Document Number)

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2010 AUG 24 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 25 2010
EXAMINER

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: DASHCO MANAGEMENT, LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

206 Easton Dr
Lake Land, FL 33803

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 5642
Lake Land, FL 33807

3. Date of filing/registration in Florida

11/24/09

4. Document number

609000012785

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Taffrey E. Appel

Registered Office Address:

625 Commerce Dr
Lake Land, FL 33813

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

TABATHA URBAN

NEW Registered Office Address:

603 Channelside Dr

(MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

R. Gray Adams

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

[Signature]

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

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AUG 24 PM 12:03
CLERK OF STATE
TREASURY OF FLORIDA