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PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations	
	R Services LLC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Nicole M. McDuffey Name of Person	····
Name of Felson	
DPR Services LLC	
Firm/Company	
Titul Company	
228 Grand Vista Trail	
Address	
Leesburg, Fl. 34748	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City/State and Zip Code	
mikedroske@dprservicesllc.com E-mail address: (to be used for future annual report notific	
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter,	blease call:
Nicole M. McDuffey at	(386) 263-2358
Name of Person	Area Code & Daytime Telephone Number
	,
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, riorida 32314
1011000, 1101100 32501	
Enclosed is a check for the following a	mount:
\$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.

1. Name of the limited liability company:	DPR Services LLC		
2. (a) Principal office address of limited liability company	: 228 Grand Vista Trail		
(Note: MUST BE STREET ADDRESS)	Leesburg, Fl. 34748		
(b) Mailing address of limited liability company:	143 Ulaturn Trail		
(Note: MAY BE POST OFFICE BOX)	Palm Coast, Fl. 3264		
04/26/2010	L10000044721		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:		
Registered Agent:	Michael J. Droske		
Registered Office Address:	228 Grand Vista Trail State Leesburg, Fl. 34748		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	228 Grand Vista rail		
	Leesburg ,FL34748		
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			
Michael J. Droske 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 proving and I am familiar with and accept the obligations of my polypoter 608, F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		

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

Signature of Registered Agent