## 1110000 34362

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SECRETARY OF STATE

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: DE D Global Industries LLC  Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Devietyius Woods Name of Person				
DED Global Industries LLC Firm/Company				
401 E, Jadeson St Suite 2340 Address				
Tampa FIA 33602  City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Demetrics upods at 813 ) 458-8456 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 \$\Bigsig \text{S55 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.

rtoria	$\alpha$ .		
1. N	ame of the limited liability company: $\overline{\mathcal{DEDG}}$	Ideal Industries LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 2215 R (N Wood P1 V6)  Mailing address of limited liability  (Note: MAY BE POST OFFICE	v company:
	Tampa Fla 33602	RUSICIN FIA 3357	D
3.	03 122 2011  Date of filing/registration in Florida	L11000034362 4. Document number	
5. (a)	Den 12 tr 10'S Woods  Registered Agent and Registered Office shown on the records of the State o	ADDRESS)	
(b)	Tampet Fl. FL.  Snantel Mitchell  Enter name of NEW Registered Agent and/or NEW Registered  401 G. Jackson St. Suite 2:  NEW Registered Office Address:	ORIE #	
the cha	Tamph FL FL FL Imited liability company is not organized under the law ange or changes are made, the Florida street address of	vs of the State of Florida, it is hereby confirmed the registered office and the business office of the registered of the	the registered
was/w the art	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the large of a member or authorized representative of a member	of the limited liability company or as otherwise plimited liability company.  Demoty of the limited liability company or as otherwise plimited liability company.  Printed or typed name of signee	provided in
provisi the obt to mer	by accept the appointment as registered agent and agra 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 h d in writing of this change:	ee to act in this capacity. I further agree to con performance of my duties, and I am familiar wi I for in Chapter 605, F.S. Or, if this document i wereby confirm that the limited liability compan	nply with the th and accept is being filed y has been

Signature of Registered Agent