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COVER LETTER

TO: Registration Section Division of Corporations	£
SUBJECT: DANZ LAW, PLLC Name of Limited Lia	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Alan D. Danz Esa. Name of Person Danz L. Dill	_
Firm/Company	
11011 Shocidan Street, Suite	314
Holywoon, FL. 33026 City/State and Zip Code	_
danz @ danz aw. wet E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
Adm D. Dan 2 at (957) Name of Person	S30-9245 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

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. Name of the limited liability company: Dan Z Law, PLLC	
	Sharidan Hoot
2. (a) Principal office address of limited liability company: Mai	iling address of limited liability company:
	Note: MAY BE POST OFFICE BOX)
Suite 314 Suite	2 314
Hollywood, Fr. 33026 Hollyw	ood, FL. 23026
12/3/19	0035385
\ <u>F</u> -	ocument number
5. (a) A.D. Danz, P.A.	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
11011 Sheridan Street	2010 St.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Suite 314	FILE 2019 DEC 26 RECKENSS
Hollywood FL 33026	ED REPROMI
(b) Akm 13. Danz, ESQ.	02 Distrib
Enter name of NEW Registered Agent and/or NEW Registered Office address:	122
11011 Sharidan Street	
NEW Registered Office Address:	
Suite 314	
Itally wood FL 33626	
If the limited liability company is not organized under the laws of the State of Florid	da, it is hereby confirmed that after the
change or changes are made, the Florida street address of the registered office and the agent will be identical. Or in the case of a Florida limited liability company, it is he	he business office of the registered ereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability of the articles of organization or the operating agreement of the limited liability compared to the compare	ompany or as otherwise provided in
Han D	· Danz Eco:
Signature of a member or authorized representative of a member P	rinted or typed name of signee
Thereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my dut the obligations of my position as registered agent as provided for in Chapter 605. It to merely reflect a change in the registered office address. I hereby confirm that the notified in writing of this change.	ty. I further agree to comply with the ies, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been
Signature of Rogistered Agent	
Division of Corporations P.O. Box 6327 Tallahasse	e. FL 32314

FILING FEE: \$25.00