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LLC REGISTERED AGENT CHANGE

NOV 25 **2014** 

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DNEL SUPPLY, LLC

R. WHITE

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## 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. N	ame of the limited liability company: DNEL SUPP	LY, LI	<u> C</u>		
2. (a)	555 NE 185TH STREET		(b)	555 N	E 185TH STREET
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<b></b>	(0)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	201			201	
	NORTH MIAMI, FL 33179			NORT	H MIAMI, FL 33179
	06/03/2011		1	_11000	065666
3.	Date of filing/registration in Florida	<b>-</b> 4.	-		Document number
5. (a)	M&M RA Services, LLC				
3. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida	Dept. of St	ate:
	3001 SW Third Avenue				\$
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Miami , FI	3312	29		NOV 24
(b)	Corporate Creations Network Inc.				
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	- <u> </u>
	11380 Prosperity Farms Road #221E				K48
	NEW Registered Office Address:		•	<del>-</del>	<del></del>
	Palm Beach Gardens	3341	0		_
agent was/we	imited liability company is not organized under the large or changes are made, the Florida street address of will be denuical Or, in the case of a Florida limited light of the members of	f the rep ability of the li	gist co: ímí	ered offi npany, it red liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
uic ay.	icles of organization or the operating agreement of the			•	отрацу. ran, Attorney-in-Fact
Signa	ture of a member authorized representative of a member		113	ane Dui	Printed or typed name of signes
I here provisi the object to mer	by accept the appointment as registered agent and aginous of all semiles relative to the proper and complete ligations of all semiles relative to the proper and complete ligations, my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	rec to a perfor d for it hereby	nct i ma n Ci	n this ca nce of my hapter 60 nfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been
	Kristine Duran, Spec	cial Se	ecr	etary	
	Division of Corporations • P.O. 1 FILING F				assee, FL 32314

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