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(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL.			
(Bu	siness Entity Nan	ne)			
(Do	ocument Number)	<u> </u>			
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to					
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	<u> </u>				





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COVER LETTER

Division of Corporations			
DJ Villas, LLC			
	me of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
Chad Dewald			
Name of Person			
Franklin Street Mangement Services	231 1:01		
Firm/Company			
600 N Westshore Blvd Suite 600			
Address	—————		
Tampa, FL 33609	37		
City/State and Zip Code			
cdewald@franklinstreetrs.com			
E-mail address: (to be used for future an	nual report notification)		
For further information concerning this matter	r, please call:		
Chad Dewald	813 839-7300 ext 309		
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 followin	g amount:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

107100	DJ Villas, LLC	0				
1. Na	me of the limited liability company: Do vinas, Electronic Damian Jimenez					
2. (a)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS) 2565 Park Ridge Dr	(b)	Ma	iling address of limited	I liability comp r OFFICE BO	nany:
	Escondido, CA 92025					·
	7/22/2011	L1°	1000081	034		٠,
3.	Date of filing/registration in Florida	- _{4.}		Document number	13	
	Cockey Preston OJR				3 1109	
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	pt, of State:	•	N -2	ا ا
				-	_	. il
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		•	P	ر
	110 E Madison St Suite 204				æ.	
	Tampa , F	33602			0	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Franklin Street Management Services	ed Office addres	55:			
	NEW Registered Office Address:	<u>. </u>				
	600 N Westshore Blvd Suite 600					
	Tampa, F	33609				
Sign I heroprovis	dimited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the number of a member or authorized representative of a member or authorized registered agent and a dilegations of my position as registered agent as provided in a change in the registered office address, and in writing of this change.	aws of the Stroof the register liability compared to find the limited liab	pany, it is ed liability bility com	hereby confirmed company or as of pany. N N N N N N N N N N N N N N N N N N N	that the cha herwise prov 7 of signee	nge(s) with the
Signal	ure of Registered Agent					