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(Re	questor's Name)
(Ad	dress)
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PICK-UP	
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DRJ SILVER LAKE HOLDINGS, 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:

Brianne Inman

Name of Person

DRJ SILVER LAKE HOLDINGS, LLC

Firm/Company

2025 SW College Rd

Address

Ocala, FL 34471

City/State and Zip Code

binman@jenkinscars.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brianne Inman

Name of Person

867-1800 ext 3540 _)_____ Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 **MAILING ADDRESS:**

352

at (

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

2 \$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.

1. N	ame of the limited liability company: DRJ SILVE	RLAKE	HOLDING	S, LLC	
2. (a)	DRJ SILVER LAKE HOLDINGS, LLC	(VER LAKE HOL	DINGS, LLC
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 9105 US HWY 441	(ŀ	Mailing address of limite (Note: MAY BE POS	T OFFICE BOX)
	5105 03 1141 441		2025 50	V COLLEGE RD	
	LEESBURG, FL 34788		OCALA,	FL 34471	
	10/17/2011		L1100011	18337	
3.	Date of filing/registration in Florida	4.		Document number	<u></u>
5. (a)	Mark L Ornstein				
J. (4)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of State	-	
					.
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>51</u>	-	
	2 S ORANGE AVE 5TH FLOOR				ار الاست معنیت الی الی
	ORLANDO	L 32801		•	1
		L			
(b)	MARK L ORNSTEIN				a sana men
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office ad	dress:	-	
					·
	NEW Registered Office Address:				
	2822 REMINGTON GREEN CIRCLE				
	TALLAHASSEE	, 32308			
	7				
If the l	imited liability company is not organized under the la nge or changes are made, the Florida street address o	aws of the	State of Flo	orida, it is hereby co	nfirmed that after
agent v	vill be identical. Or, in the case of a Florida limited I	liability co	mpany, it is	s hereby confirmed t	that the change(s)
the arti	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of th	of the lim	lited liability	y company or as othe pany.	erwise provided in
	Inila		IANNE-INI	•	
Signal	lure of a member or authorized representative of a member			Printed or typed name of	of signee
I herel provisi the oblic to mere notified	by accept the uppointment as registered agent and as ons of all futures relative to the proper and complet ignitions of my position as registered agent as provid by reflect a change in the regimered office address, it in writing of this change.	gree to act e perform ed for in (hereby co	t in this capa ance of my a Chapter 605, onfirm that i	ucity. I further agre tuties, and I am fam , F.S. Or, if this doo he limited liability c	e to comply with the illiar with and accept cument is being filed company has been
	r of Benjinteed Ameri				

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

INHS18 (2/14)