112000003454

(Reque	stor's Name)				
(Address)					
(Address)					
(City/St	ate/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
Signature	_				

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APR 25 2019

D CUSHING

COVER LETTER

TO: Registration Section Section Division of Corporations						
SUBJECT: D.A. Kellman Custom Homes LI	LC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office C	Thange and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
David Kellman						
Name of Person						
D.A. Kellman Custom Homes LLC						
Firm/Company	 					
301 Connistion Road						
Address						
West Palm Beach FI 33405						
City/State and Zip Code	· ·					
lisa@dakellmancustomhomes.com						
E-mail address; (to be used for future annual re	eport notification)					
For further information concerning this matter, pleas	se call:					
Lisa Kellman	561 3185463					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301	rananassee, rionga 32314					
Enclosed is a check for the following amo	unt:					
S25 Filing Fee	\$55 Filing Fee & Certified Copy					
INHS18 (2/14)						



April 9, 2019

DAVID KELLMAN D.A. KELLMAN CUSTOM HOMES LLC 301 CONNISTION ROAD WEST PALM BEACH, FL 33405

SUBJECT: D A KELLMAN CUSTOM HOMES LLC

Ref. Number: L12000003454

We have received your document for D A KELLMAN CUSTOM HOMES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your application must be signed by member or authorized representative of a member or by the registered agent since you are just changing the address of the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator



Letter Number: 519A00007137

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.

I. N	ame of the limited liability company: D.A. Keliman C	Custom Homes	LLC		
2. (a)	7000 south lake dr	(h) 301 Cc	(b) 301 Connistion ROad		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited fiability (Note: MAY BE POST OFF)		
	West Palm Beach Florida 33406	West P	alm Beach Florida 3340	05	
	01-09-2012	L120000	0003454		
3. 5. (a)	Date of filing/registration in Florida 01/09/2012	4.	Document number		
- ()	Registered Agent and Registered Office shown on the records of th D.A. Kellman	ic Florida Dept. of Sta	,		11/100
	Registered Office Address (MUST BE FLORIDA STREET A) 301 Conniston Rd	DDRESS)		incipal of	iddvess
	West Palm Beach Florida , FL	33405	_ : () ISAS (UY)	acent
(b)	linter name of NEW Registered Agent and/or NEW Registered (Office address:	- :	mi as	
	NEW Registered Office Address:		-	401 lon	NEXTU
	301 Conniston Road		_ ;		
	West Palm Beach FL	33405	; \	YV181 Y	am tuach t
the ch agent was/w	limited liability company is not organized under the law ange or changes are highe, the Florida street address of a will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the registered offic bility company, it f the limited liabili	ce and the business office of is hereby confirmed that the ity company or as otherwise	f the registered	
		_	n Custom Homes		in the
I here provis the oh to mer	ature of a member or authorized representative of a member seby accept the appointment as registered agent and agree to so full statutes relative to the proper and complete policions of my position as registered agent as provided rely reflect a change in the registered office address, I have a full full full full full full full fu	performance of my Uor in Chapter 61	y duties, and I am familiar w 95. F.S. Or. if this documen	omply with the with and accept t is being filed	M 2 22 PH
Signat	are of Registered Agent				72: BTE
	Division of Corporations P.O. B	ox 6327• Tallahi	assee, FL 32314		15 31 31