C104000

(Requ	uestor's Name)				
(Address)					
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(City/	State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Busi	ness Entity Nam	ne)			
(Doci	ument Number)	· · · · · · · · · · · · · · · · · · ·			
Certified Copies		of Status			
Special Instructions to Fi	ling Officer:				

Office Use Only



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APR 0 8 2014 C. CARROTHERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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ACCOUNT	NO.	:	120000000195
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REFERENCE : 530221 7738377

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 5, 2015

ORDER TIME : 9:22 AM

ORDER NO. : 530221-035

CUSTOMER NO: 7738377

CHANGE OF AGENT

NAME: DBFM, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	DBFM, LLC		
		of Limited	Liability Company
Dear Sir or	Madam: ,		·
The enclose	ed Registered Agent/Registered Office	: Change an	d fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this	matter to th	e following:
Stacey Ellic	ot, Paralegal		
	Name of Person		
McLane, G	Graf, Raulerson & Middleton, PA		
	Firm/Company		
900 Elm St	treet		
	Address		
Mancheste	er, NH 03101		
	City/State and Zip Code		
-	ot@mclane.com		
E-mai	il address: (to be used for future annua	I report not	ification)
For further	information concerning this matter, pl	ease call:	
Stacey Ellic	ot, Paralegal	603	628-1268
	Name of Person		Area Code & Daytime Telephone Number
	REET/COURIER ADDRESS:		AAILING ADDRESS:
	gistration Section	Registration Section	
	vision of Corporations ifton Building	Division of Corporations P.O. Box 6327	
266	61 Executive Center Circle Ilahassee, Florida 32301		fallahassee, Florida 32314
En	closed is a check for the following at	nount:	
2	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
NHS18 (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.

2. (a) 14241 Jetport Loop West, unit 2, Fort Myers. Principal office address of limited liability company: (New: MUST BE STREET ADDRESS) FL 33913 January 9, 2012 L12000004012 3. Date of filing/registration in Florida 5. (a) CT Corporation System Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Road Registered Office Address: Plantation FL 33324 Plantation FL 33324 (b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street XEW Registered Office Address: Tallahassee FL 32301 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the paperating agreement of the limited liability company or as otherwise provided in the articles of organization or the paperating agreement of the limited liability company or as otherwise provided in the obligations of all stantises relative to the proper and complete performance of my daties, and I am Junitian with and accept the obligations of my position as registered agent and owned for in Change for Sh. 7.5. Or if this document is being filled to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been Courterly Williams Asst. Vice President Signature of Registered Agent Agent Open or Sh. 7.0. The stantise of the proposition Service Company BY:	1. N	Tame of the limited liability company: DBFM, LLC			h 14
Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) FL 33913 January 9, 2012 L12000004012 3. Date of filling/registration in Florida 4. Document number 5. (a) C T Corporation System Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Fload Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324 Plantation FL 33324 (b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office Address: 1201 Hays Street NEW Registered Office Address: Tallahassee FL 32301 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be dientical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an-affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the populating agreement of the limited liability company or as otherwise provided in the articles of organization or the populating agreement of the limited liability company or as otherwise provided in the articles of organization or the populating agreement of the limited liability company or as otherwise provided in the articles of organization or the population as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stantics relative to the proper and complete genformance of my datives, and I om familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled to member of this charge. Courtney Williams	2 (a)	14241 Jetport Loop West, unit 2, Fort Myers.	(h)	PO Box 2108, New Castle	, NH 03854
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00