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COVER LETTER

Division of Corporations		
SUBJECT: De-Sana LLC		
Name of	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitt	ed for filing.
Please return all correspondence concerning	this matter to the following:	
Daniel Sallade		53 . F.S
Name of Person	 	
De-Sana Capital Managen	nent LLC	2813 CHI-7 SECHELARIAS TALLARIASE
Firm/Company		
PO BOX 342761		To the same of the
Address		-بي
Tampa FL 33694		
City/State and Zip Code		
danielsallade@gmail.co		
E-mail address: (to be used for future annual report i	notification)	
For further information concerning this matt	ter, please call:	
Daniel Sallade	at (813) 4043095	
Name of Person	Area Code & Daytime Teleph	ione 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 following	ng amount:	

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: De-Sana LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Lutz FL 33548
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO BOX 342761 Tampa FL 33694
03/23/2012	L12000040644
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	
Registered Agent:	De-Sana Capital Management LLC
Registered Office Address:	16105 Colchester Palms Dr Tampa FL 33647
(b) Enter name of NEW Registered Agent and/or N	
NEW Registered Agent:	De-Sana Capital Management LLC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18740 Wimbledon Cir
	Lutz ,FL_33558
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of amember	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of rwise provided in the articles of organization or
Daniel Sallade Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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

Signature of Registered Agent