## L1200046672

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(Address)			
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PICK-UP WAIT MAIL			
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## **COVER LETTER**

TO: **Registration Section** 

Division of Corporations

Dok Solution 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:

John E. Strauser

Name of Person

Dok Solution LLC

Firm/Company

1185 Gooden Crossing

Address

Largo, FL 33778

City/State and Zip Code

jack@easy-doks.com

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

For further information concerning this matter, please call:

Jack Strauser

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 following amount:

**\$25** Filing Fee

□ \$55 Filing Fee & Certified Copy

## 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: Dok Solution LLC		
2. (a) Principal office address of limited liability compar	y: 1185 Gooden Crossing	20 2
(Note: MUST BE STREET ADDRESS)	Largo, FL 33778	- FE 9
		- Z
(b) Mailing address of limited liability company:	1185 Gooden Crossing	ES O
(Note: MAY BE POST OFFICE BOX)	Largo, FL 33778	0 10 to
		ind!
04/05/2012	L12000046672	95 2
3. Date of filing/registration in Florida	4. Document number	<b>9</b>
5. (a) Registered Agent and Registered Office shown on	the records of the Florid	a Dept. of State:
Registered Agent:	Corporation Service Company	
Registered Office Address:	1201 Hays Street	
	Tallahassee, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	John E. Strauser	ldress:
NEW Registered Office Address:	1185 Gooden Crossing	
(MUST BE FLORIDA STREET ADDRESS)	Largo	FL 33778
	10.80	,F L 33.10
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(the members of the limited liability company or as otherwished operating agreement of the limited liability company.  Signature of the limited liability company or as otherwished operating agreement of the limited liability company.	Florida street address of the case of a stricture o	he registered office a Florida limited y an affirmative vote of
A de mande de la mante de la mention		
Ohn E. Straust Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand to the company of the confirmation of the pand to make the provision of the pand to make the provision of the pand to the limited liability company of the pand to	agree to act in this capac roper and complete perfo osition as registered age verely reflect a change in my has been notified in wi	city. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.
Stenature of Registered Agent		
DIRINKER OF DOEDSCOOL VEGIS		

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