

#L12000135025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV 26 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DeVilLe DG Properties, 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:

Roman DeVille
Name of Person

De Ville DG Properties, LLC
Firm/Company

600 Village Trace, Bldg 23, Suite 100
Address

Marietta, GA 30067,
City/State and Zip Code

lucley@tempproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liza Cokley at (770) 690-0212 x123
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: DeVile DG Properties, LLC

2. (a) Principal office address of limited liability company: 600 Village Trace
Bldg 23
Manetta, CA 30067
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 600 Village Trace
Building 23
Manetta, CA 30067
(Note: MAY BE POST OFFICE BOX)

10/22/12
3. Date of filing/registration in Florida

L12000135025
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Roman DeVile

Registered Office Address:

4000 Sanctuary Lane
Boca Raton, FL 33431

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

HUBCO Registered Agent Services

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

165 Office Plaza Drive
1st Floor
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 operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Roman DeVile

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
13 NOV 22 PM 4:09
TALLAHASSEE
FLORIDA DEPT. OF STATE

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2. (a) Principal office address of limited liability company: _____
 (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____
 (Note: **MAY BE POST OFFICE BOX**)

10/22/12
 3. Date of filing/registration in Florida

L12000135025
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Roman DeVille

Registered Office Address: 4000 Sanctuary Lane
 Boca Raton, FL 33431

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: HUBCO Registered Agent Services

NEW Registered Office Address: 165 Office Plaza Drive
 1st Floor
 Tallahassee, FL 32301
 (MUST BE FLORIDA STREET ADDRESS)

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 operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member

 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bruce B. Hubbard Bruce B. Hubbard, President
 Signature of Registered Agent

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