L12000137515

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
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200280215492 12/29/15--01008--015 **25.00

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Deny Troncoso, L2 C 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:						
Dery Trancoso LCC						
127 W. Fairbarks Ave #291 Address						
City/State and Zip Code Deny-Real Estate & Hotmass. (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Dery Troncoso at (407) 575-1327 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 \$\square\$ \$55 Filing Fee & Certified Copy						
INHS (8 (2/14)						

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

Pursua submits Florida	nt to the provisions of sections 605.0114 or 605.0116, F the following statement in order to change its regis. t.	Florida : tered o <u>f</u>	Statutes, the und Jice or registerd	ed agent, or both, in the	company State of
1. Na	me of the limited liability company: Dence	10	6200n	LLC	
2. (a)	127 W. Fairbacks Aug #28	31 _(b)	127 W. A	Pairbanks Aue	# 28
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) [WINTER PORK FL 32789]		Mailing (<u>Note</u>	address of limited liability com: MAY BE POST OFFICE BO Pork FL 3 2	pany: <u>OX</u>)
	10/29/2012	•		0137515	
3.	Date of filing/registration in Florida	4.		ment number	
5. (a)	Small Business Resources US Registered Agent and Registered Office shown on the records of the 1601 Park Center Drive Registered Office Address (MUST BE FLORIDA STREET AD	Florida I	Dept. of State:		
	suite A		_{al} r v sta		
	orlando, FL3	3282	35_		a.
(b)	Deny Tron COSD Enter name of NEW Registered Agent and/or NEW Registered O 127 W. Falrbacks Aue 4 NEW Registered Office Address:				FILED
1 f the 1	whater Park B, FL_ imited liability company is not organized under the laws		2	it is hereby confirmed tha	ŧ.
tine cha a gent v was/we the arti	inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the litture of a member or authorized representative of a member	ne regist ility cor the limit mited lis	ered office and t npany, it is herel red liability com ability company.	the business office of the by confirmed that the chain pany or as otherwise proving the province provi	registered ngc(s)
I here	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete po- ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he	e to act i	in this capacity.	I further agree to comply	with the nd accept eing filed us been

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

notified in writing of this change.

Signature of Registered Agent