

10/15/2019

Division of Corporations

**L1200013417**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : OLDER LUNCY & ALVAREZ  
Account Number : 120190000084  
Phone : (813)254-8998  
Fax Number : (813)839-4411

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE**  
**D.H. REILLY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D.H. Reilly, 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:

Jennifer E. Murphy

Name of Person

Older Lundy & Alvarez

Firm/Company

1000 W. Cass Street

Address

Tampa, FL 33606

City/State and Zip Code

jmurphy@olalaw.com

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

For further information concerning this matter, please call:

Jennifer Murphy or Egor Ruzhin

at (813)

254-8998

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURTIER 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 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.

1. Name of the limited liability company: D.H. Reilly, LLC
2. (a) New principal office address: Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
1000 W. Cass Street  
Tampa, FL 33606  
11/13/2012
- (b) New mailing address: Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
1000 W. Cass Street  
Tampa, FL 33606  
L12000143417
3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Jennifer E. Murphy  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
109 W. Fortune St., #1426  
Tampa, FL 33602
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Jennifer E. Murphy, Esq.  
NEW Registered Office Address:  
1000 W. Cass Street  
Tampa, FL 33606

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.

Mary Mercer managing member  
Signature of a member or authorized representative of a member

Mary Mercer  
Printed or typed name of signer

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 605, 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]  
Signature of Registered Agent

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

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