## 113000033519

(Red	questor's Name)					
(Address)						
(Add	dress)					
(City	y/State/Zip/Phone	· #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



600295294546

03/09/17--01010--029 \*\*55.00

FILED

MILLER A 9 03

SECRETARY OF STATE

SECRETARY OF STATE

Ą.

**S Warren** MAR 1 0 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations	*
SUBJE	Drect Proce	ssing, UC
	Name of Limited L	iability Company
Dear S	Sir or Madam:	
The en	enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the	following:
	Deborah Collins	
	Name of Person	
	Direct Processing, UC Firm/Company	
	'ZILel E County Rd 540' Address	A # 161
<del></del>	Lakeland, FC 33813 City/State and Zip Code	<del></del>
	• • •	`
	direct procidand.com	
	E-mail address: (to be used for future annual report noti	ication)
For fur	urther information concerning this matter, please call:	
	Deborah Collins at 860	5,430.7787
• • • • • • • • • • • • • • • • • • • •	Name of Person	Area Code & Daytime Telephone Number
	Registration SectionRegistration SectionDivision of CorporationsDiClifton BuildingP.0	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
	Enclosed is a check for the following amount:	
	□ \$25 Filing Fee \$\square\$ \$\square\$ \$	55 Filing Fee & Certified Copy
INHS18	18 (2/14)	

## 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.	Na	me of the limited liability company:	Direc	t Proce	<u>55109.</u>	uu	<del></del>
2.	(a)			(b)	216/1	: Coun	fuld
		Principal office address of limited liability com		`,	-	s of limited liab	
		(Note: MUST BE STREET ADDRESS	)		(NOTE: MAY	BE POST OF	<u>FICE BUX</u> )
		2161 E County Rd	- C C	C12	<u> </u>	# WI	0.5
		540A # 161 Lakeb	ndfl3		Lakela	and A	C33813
						70m = 1	<b>\</b>
		march 6.301]			<u>iami</u>	72221	<u>19</u>
3.		Date of filing/registration in Florida			Document i	number	
5.	(a)	Corporation Service					
		Registered Agent and Registered Office shown on the	records of the Flo	orida Dept. of St	ate:		
		1201 Hays St			<del></del>		
		Registered Office Address (MUST BE FLORIDA)	STREET ADDR	(ESS)			
					_		
		Tallahassee	,FL_ご	10रह			
	4.	Deborah Collins			•		77
	(b)	Enter name of NEW Registered Agent and/or NEW I	Registered Offic	e address:	. <u></u>	NE T	
						SAT A	m
		2161 E County Kd				E P	D
		NEW Registered Office Address:			<del></del>	STATI	
		540A #161					<u>)</u> -
		Laluland	.FL 3	2813			
If t	he li cha	mited liability company is not organized undenge or changes are made, the Florida street ac	er the laws of ddress of the r	the State of F egistered office	lorida, it is he ce and the bus	жебу contirm siness office	ned that after of the registere
age	ent w	rill be identical. Or, in the case of a Florida li	imited liability	y company, it	is hereby con	ifirmed that the	the change(s)
the	artic	re authorized by an affirmative vote of the modes of organization or the operating agreeme	nt of the limit	ed liability co	mpany.	or as otherwis	se provided in
		Moder		De	borah	Collins	5
S	ignat	ure of a member or authorized representative of a memb	ber		Printed or typ	ed name of sign	nee
I h	iereb ovisio	ry accept the appointment as registered agent ons of all statutes relative to the proper and c	t a <mark>nd agree to</mark>	act in this ca	pacity. I furth	her agree to d	comply with the with and accer.
the	obli mere	ons of all statutes relative to the proper and c gations of my position as registered agent as ly reflect a change in the registered office ad	provided for	in Chapter 60	5, F.S. Or, if t the limited l	this docume	nt is being filed any has been
noi	ifiea	in writing of this change.	,	2 4419 111 111 <b>1</b>			
Sig	matur	e of Registered Agent					
_		The state of the s					