

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE D & MLB PROPERTY MANAGEMENT, LLC

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EXAMINER

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

Prosuant 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.

l.	N	ame of the limited liability company: D&MLB PRO	PERT	ΓΥ 	MANAGI	EMENT, LLC			
2.	(a)	Principal office address of limited liability company:	_	(b)	 ;	Mailing address of limite	. II A 5:-		
		(Note: MUST BE STREET ADDRESS)			•	Malling address of united Note: MAY BE POS			
		45 Herald Dr			45 Hera	ld Dr	<u>. </u>		
	•	Leesburg Florida 34748			Leesburg Florida 34748				
		03/08/2013		į	.1300003	35927			
3.		Date of filing/registration in Flor!da	4.	_		Document number			
5	(a)	Robert Q Williams Esq							
	(-)	Registered Agent and Registered Office shown on the records of t	he Plor	ida	Dept. of State	- 6:			
		·				_	, . ; •	<u> 2</u>	
		Registered Office Address OMUST BE FLORIDA STREET A	EET ADDRESS)				<u> </u>	3 81 BŽ	
		380 W Alfred Street				_	<u> </u>	DEC	
		Tavares	3277	8			PRESEVEV ARVSETTI	-7	1
						-	<u></u>	A	ŗ
	(b)	William G Watson Esq	. <u> </u>		,	_		9.	
		Enter name of NEW Registered Agent and/or NEW Registered	OMes.	add	<u>resi</u> :	•	S IAIC LORID:	39	
		NEW Registered Office Address:	·			-			
		4850 N Highway 19A				_			
		Mount Dora	3275	7					
	Mount Dora FL 32757					-			
th ag	e ch ent es/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reability If the l	gis co. imi d li	iored offici mpany, it i ted liabilit	e and the business of s hereby confirmed i y company or as oth npany.	ffice of th that the cl	ie regist hange(s	tered
_	Sign	ature of a member of authorized representative of a member	<u>.</u>			Printed oi typed name	of rignes '	<u> </u>	
pi th to no	ovis e ob mei stifie	sby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I lead in writing of this change.	ee to d perfor d for it hereby	aci rma n C	in this cap nce of my hapter 60 nfirm thai	acity. I further agre duties, and I am fam 5. F.S. Or, if this do the limited liability o	e to comp iliar with cument is company	oly with and ac being j has bee	the ccept filed en
2	Rout	ere or traktherer witem							

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

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