L1300059479

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ANALYSSEE, FLORIDA

OCT 29 2015

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COVER LETTER

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Division of Corporations								
DeLand Management, LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this ma	atter to the following:							
Herbert Becker	·							
Name of Person								
DeLand Management, LLC								
Firm/Company								
905 Biscayne Blvd., Suite 1								
Address								
DeLand, FL 32724								
City/State and Zip Code								
ranmgmt1@gmail.com								
E-mail address: (to be used for future annual	report notification)							
For further information concerning this matter, plea	ase call:							
Herbert Becker	386 740-7355							
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	Registration Section Division of Corporations P.O. Box 6327 er Circle Tallahassee, Florida 32314							
Enclosed is a check for the following amount:								
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							
INHS18 (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:	DeLand Manag	geme	nt, LLC	•	<u> </u>	-0-	
		Principal office address of limited liab (Note: MUST BE STREET A) 905 Biscayne Blvd., Suite 1	pility company:		(b)				
		DeLand, FL 32724		- -	DeLa	and, FL 3	32724		
		April 15, 2013			L1300	0055479			
3.		Date of filing/registration in	Florida	4.		Docur	ment number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Jonathan J. Lichtman, P.A. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 20283 State Road 7, Suite 300							·		
		Boca Raton		33498	}		<u> </u>	20	
	(b)	b)					T		
		Herbert Becker					OF STATE	P 12: 01	D
		NEW Registered Office Address:					ATE	 01-	
		905 Biscayne Blvd., Suite 1						_	
		DeLand	, FL_	32724		<u></u>			
the	e cha ent v is/we arti	imited liability company is not organizinge or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote of cles of organization or the operating a ture of themser or authorized representative or a	street address of t lorida limited lial of the members of greement of the l	the reg bility of the lin imited He	istered o ompany nited lia liability erbert B	office and to the it is herebolity company. becker	he business o by confirmed pany or as oth d or typed name	ffice of that the that the theorem of signs	of the registered e change(s) e provided in
		by accept the appointment as registere ons of all statules relative to the prop igations of my position as registered a ely reflect a charge in the registered of in writing of his change.	ed agent and agre er and complete p sgent as provided iffice address, I h	ee to ac perform for in ereby c	et in this nance of Chapter confirm i	capacity. my duties, 605, F.S. that the lim	I further agre and I am fan Or, if this do nited liability	ee to c niliar v cumen compo	omply with the with and accept it is being filed any has been
		Division of Corpo	orations• P.O. B FILING FE			ahassee, F	L 32314		