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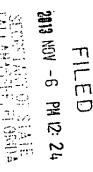
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COVER LETTER

TO: Registration Section **Division of Corporations** DL Harkins Construction, 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: Olga M. Harkins Name of Person DL Harkins Construction, LLC Firm/Company 14 S. Bumby Ave. Orlando, FL 32803 City/State and Zip Code olga@dlharkinsconstruction.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olga M. Harkins Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

■ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: DL Harkins Construction	tion, LLC	
2. (a) Principal office address of limited liability compa	nv· 14 S. Bumby Ave.	_
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32803	
, , , , , , , , , , , , , , , , , , ,		
		2 1
(b) Mailing address of limited liability company:	14 S. Bumby Ave.	
(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32803	<u> </u>
07/17/13	L13000101846	5 C
3. Date of filing/registration in Florida	4. Document number	2. 24 10.004
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida D	Dept. of State:
Registered Agent:	Olga M. Harkins	
D 1 1000 411		
Registered Office Address:	2548 Stoneview Rd	
	Orlando, FL 32806	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Matthew W. Harkins	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14 S. Bumby Ave.	
INCOLUE LECKION STREET NOONESSY	Orlando	FL 32803
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	Florida street address of the entical. Or, in the case of a Fl	registered office
Olga M. Harkins Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability compositions.	d agree to act in this capacity proper and complete perform position as registered agent the army has been notified in writi	. I further agree to lance of my duties, as provided for in registered office ng of this change.
Signature of Registered Agent		

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