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| (Requestor's Name) | | | | | | | |
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| | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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COVER LETTER

| | ation Section n of Corporations | |
|------------------|---|---|
| SUBJECT: | DANS COTT | ENTERPRISES, LLC. |
| | | Name of Limited Liability Company |
| Dear Sir or Mad | iam: | |
| The enclosed R | egistered Agent/Reg | gistered Office Change and fee(s) are submitted for filing. |
| Please return al | l correspondence co | oncerning this matter to the following: |
| | | |
| HENRIQUE | PEREIRA | |
| | Name of Pe | erson |
| DANCCOTT | Enterprises, | LLC |
| Nile and I | Firm/Comp | |
| MOA CC | JUN Nur | -t Δ22 |
| 107 36 | 2ND AVE | , 4-170 |
| | | 4 |
| DEERFIEL | D BEACH ,FL | |
| | City/State and | Zip Code |
| • | A @ GHAIL . COP | |
| E-mail add | dress: (to be used fo | or future annual report notification) |
| For further info | rmation concerning | this matter, please call: |
| HENRY | PEREIRA | ar (561) 239-8490 |
| | Name of Person | at () Area Code & Daytime Telephone Number |
| STREE | ET/COURIER ADI | DRESS: MAILING ADDRESS: |
| _ | ation Section | Registration Section |
| | n of Corporations Building | Division of Corporations P.O. Box 6327 |
| 2661 Ex | xecutive Center Circ ssee, Florida 32301 | cle Tallahassee, Florida 32314 |
| Enclose | ed is a check for the | e following amount: |
| 🗹 \$ 25 1 | 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 companyl submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

| 1 107 10 | ••• | | | | | | | |
|------------------------------|---|--|--|---|--|---|---|--|
| 1. N | ame of the limited liability company: | ENTER | prises | ,LLC | | | | |
| 2. (a) | 704 SE 2ND AVE # 438 | (b) _ | 764 | SE 2 | LND AVE | # | F438 | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | | |
| | DEERFIELD BEACH, FL 33441 | | DEER | RFIELD | BEACH | | 33941 | |
| | 11/21/2013 | | L 13c | 000 63 | 3480 | | <u> </u> | |
| 3. | Date of filing/registration in Florida | 4. |] | Documen | t number | | - | |
| 5. (a) | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | Registered Agent and Registered Office shown on the records of 704 SE ZND AVE # 438 Registered Office Address (MUST BE FLORIDA STREET) | <u>.</u> | ept. of State: | | Y ITW! | J 91 | | |
| (LX | DEERFIELD BEACH , FL | 33 | 441 | | HASSET. | UL -1 A | T T | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office addre | <u>ss</u> : | | L SIVIE | MICE IS | 5 | |
| | NEW Registered Office Address: | · | | | | | | |
| | 704 SE 2NO AVE | | - | | | | | |
| | DEERFIELD BEACH , FL | 334 | 141 | | | | | |
| agent was/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 lise ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the register ability comp of the limite | ed office pany, it is d liability | and the bi hereby co company | usiness offic infirmed tha | ee of th t the cl | e registered | |
| | fley . | Н | ENRIQUE | EM | PEREIRA | | | |
| | ture of a rhember of authorized representative of a member | | | | yped name of s | • | | |
| provisi the obi to mer | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do not in writing of his change. | ee to act in performand d for in Cha hereby confi | this capac se of my di pter 605, irm that th | city. I fur uties, and F.S. Or, ne limited | ther agree t I am familie if this docur liability con | o comp ar with nent is npany . | oly with the and accept being filed has been | |
| Signatu | are of Registered Agent | | | | | | | |