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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DRObinson 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:
Deborah Robinson Name of Person
DRObinson LLC Firm/Company
9330 Saybird Cir E
Sackson ville F/32257 City/State and Zip Code
Council of the second of the s
For further information concerning this matter, please call:
Jeborah Robinson at 404, 9664682
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cformula 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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 ubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
Name of the limited liability company: DRODINSON LLC
(a) 9330 Saybird CirE (b) 9330 Saybird CirE
Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX)
L14 000021576
Date of filing/registration in Florida 4. Document number (a) WHEA STATE COYDONATION Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 13302 WINGING Oaks Court SteA
(b) Debovah J. Robinson Enter name of NEW Registered Agent and/or NEW Registered Office address:
9330 Saybird Circle E NEW Registered Office Address:
Sacksonville, FL 32257
the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ras/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in a particles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept to obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed appropriately reflect a change in the registered office address, I hereby confirm that the limited liability company has been obliged in writing of this change.