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(Re	equestor's Name)						
(Ad	dress)						
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nan	ne)					
(Document Number)							
Certified Copies	Certificates	s of Status					
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SECRETARY OF STATE
ALL AHASSIF, FLORID

J. HARRIE

COVER LETTER

O: Registration Section Division of Corporations						
•						
SUBJECT: DM MAG	416					
N	lame of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning	this matter to the following:					
MARK A. GRIEFIN						
MARK A. GRIFFIN Name of Person	· · · · · · · · · · · · · · · · · · ·					
DMMAG LLC Firm/Company						
Firm/Company						
1312 CRESCOUT LX DR Address						
Address	· · · · · · · · · · · · · · · · · · ·					
WINDERMERE FZ 3 City/State and Zip Cod	747 <i>E</i> 6					
MGRIFFINDPE QUFL. RL. E-mail address: (to be used for future)	Com					
E-mail address: (to be used for future	annual report notification)					
For further information concerning this mat	ter, please call:					
MARK A. GRIFFIN	at (407) 256-2457					
Name of Person	Area Code & Daytime Telephone Number					
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 32301	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	ame of the limited liability company:	9 <i>G</i>	LLC				
	(a)			/3/	12 C/	LESCENT	- LK	DR
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. , ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		WINDERMERO FL 34786	-	_W	NDERM	n <i>ene</i>	Fi	34726
		05/09/2014	_	41	10000	086019	5	
3.		Date of filing/registration in Florida	4.		Docume	nt number		
5.	(a)	Registered Agent and Registered Office shown on the records of the Address (MUST BE FLORIDA STREET AD	Florida l		te:			
		SUITE A			_	A	SF 16	•
		TAMPA, FL_	3361	12	_			Service of the servic
((b)	MARK A. GRIFFIN Enter name of NEW Registered Agent and/or NEW Registered O 1312 CRESCENT CK DRIVE NEW Registered Office Address:		ress:	-	SSFELFLORIDA	II AM IO: 57	
		WiNDERMERE ,FL	34	126	_			
the age was the S	e cha ent v s/we arti bignat herei visi e obli	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the liabere of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete peligations of my position as registered agent as provided jely reflect a change in the registered office address, I he d in writing of this change.	ne regist ility con the limi mited li	tered office mpany, it is ted liability con MARK	te and the is hereby of ty company. A. OR. Printed or pacity. I find	business of confirmed to any or as other typed name further agree	ffice of that the erwise por signee	the registered change(s) provided in
Sig	gnatu	re of Registered Agent						