114000096298

(Re	questor's Name)								
(Address)									
(Ad	dress)								
(City/State/Zip/Phone #)									
PICK-UP	☐ WAIT	MAIL							
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
		-							

Office Use Only



500297898445

04/14/17--01034--010 **55.00

17 APR 14 PH 3: 01

COVER LETTER

TO:

Registration Section

Division of Corporations

DAITY MAF PROPERTY LL C

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:

RF6157PRFO AGNAS/NC

3030 N ROCKY POINT DR

TAMPA FL 33607

City/State and Zip Code

ABENT OF COLIDAR FEITER FOATENT. NET

For further information concerning this matter, please call:

TRY ZURFA CE at (8/7) 648-/63/
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building

Tallahassee, Florida 32301

2661 Executive Center Circle

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

(1 \$25 Filing Fee

\$\$55 Filing Fee & Certified Copy

INHS18 (2/14)

2 Page

Done filling out the document?

Once you complete filling out the document you can download it.

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.	Naı	me of the limited liability company:	DAISY	MA	E	PROF	ERTY	44	<u></u>	
2. (a	a) _		. ,	(b)						
•		Principal office address of limited lial (Note: MUST BE STREET A			- 1		ss of limited liabi			
		151 MALMEN		111		4 —	MARN		_	ز در
		· _ ·			10					• •
		VELO BEACH, P	<u> </u>	<u> </u>		CALO M	BACA;	176	3 49	63
		O 6/16/2 Date of filing/regist/ation in	014		7	140	0009	62	98	
3.		Date of filing/registration in	Florida	4.		Document			l 	
5. (a)	DEBBIE GRA								
•	,	Registered Agent and Registered Office show								
		151 MARINER	BEACH	21/	1	1 Fre	BEACU	RL	329	263
		Registered Office Address (MUST BE FI			_		•	•	·	
		151 MARINE	•			-				
		V FRO BEACH	, FL	329	63	• -				
		Registered Agents Inc.							255 11.5	$\vec{\Box}$
(I	ν,	Enter name of NEW Registered Agent and/o	v NEW Paristared O	Hina address		-			•	77.7
		EIRE (MINE OF TAKETA REMINETED MILETT	NEW REGISTERED O	nice addiness	2,					بارز
		3030 N. Rocky Point Dr.								Ĩ
		NEW Registered Office Address:				_				٠ -
		STE 150A								· ·
		-		0.07						
		Tampa	, FL	3607						
the c ager was the a	chai it w we artic	mited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a Fore authorized by an affirmative vote of cles of organization or the operating a	street address of the Florida limited liabor of the members of tagreement of the lin	e registere ility compa the limited	ed offic any, it i I liabilit lity cor	e and the buits hereby co ty company mpany.	siness office of that t	of the ro he chan se provi	egistered ge(s) ded in	
Sig	gnat	ure of a memberior authorized representative	of a member			Printed or to	ped name of sign	166		
I he prov the c to m noti	ret isio bli ere jed	by accept the appointment as register ons of all statutes relative to the prop gations of my position as registered by reflect a change in the registered of the writing of this change.	ed agent and agree er and complete pe agent as provided i office address, i he	to act in terformance for in Chap reby confi	this cap e of my pter 60: rm that	pacity. I fur duties, and 5, F.S. Or, the limited	ther agree to on the comment of this docume liability comp	comply with an nt is be any has	with the id accept ing filed s been	
\mathcal{L}	<i>></i>	E / Havre	- Assistant	Secreta	a					
Sign	atur	re of Registered Agent								
		Division of Corpo	orations• P.O. Bo	x 6327● T	allaha	ssee, FL 32	314			

Division of Corporations P.O. Box 6327 Taltahassee, FL 3231 FtLING FEE: \$25.00

INHS18 (2/14)

Page 1 2

Done filling out the document?