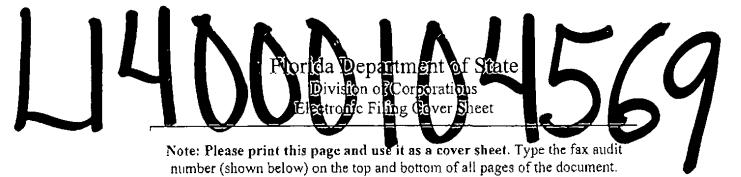
Division of Corporations

Page 1 of 2



(((H21000128034 3)))



H210001280343ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

managedreports@incorp.com

LLC REGISTERED AGENT CHANGE DENIEL, LLC

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M. SOLOMON

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1202
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		COVER LETTER	H21000128034 3
TO:	Registration Section Division of Corporations		·
SUBJ	тст.	Deniel, LLC	
SUBJ		ame of Limited Liability Company	
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted	for filing.
Please	return all correspondence concerning	this matter to the following:	
	Janice Null		
	Name of Person		
	InCorp Services, Inc.		
	Firm/Company		
	3773 Howard Hughes Pkwy. · Su	uite 500S	:-
	Address		
	Las Vegas, NV 89169-60	014	
	City/State and Zip Code		
	managedreports@incorp.	com	
)	E-mail address: (to be used for future a	nnual report notification)	<u>.</u> ' -
For fu	orther information concerning this matter	er, please call:	
Janio	e Null for InCorp Services, Inc.	800-246-2677 at	
	Name of Person		rtime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Registration Ser Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	ction porations Fallahassee e Street, Suite 810

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☑ \$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

H210001280343

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.

(a)	me of the limited liability company: Denlel, LLC	(b)				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	07/01/2014 Date of filing/registration in Florida		L14000104569 Document numb			
	U	4.	Document nam)C(
(a)	INTERNATIONAL TAX & COMMERCE ADVIS					
	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:			
	12025 RIVERHILLS DR					
	Registered Office Address (MUST BE FLORIDA STREET)	<u>r ADDRESS)</u>		. •	N 3	
					2021	
	TAMPA . r	7L 33617			APR	
	,				ı	
(b)	InCorp Services, Inc.			**	~. ~ :	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:			PR 17	
	17000 C7th Court North			 رئسر ا	<u> </u>	
	17888 67th Court North			, , , , , , , , , , , ,	 	
	NEW Registered Office Address:					
	Loxahatchee	-, 33470				
	,i	L				
e cha	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered liability compan s of the limited li	office and the busines by, it is hereby confirm lability company or as	is office of the led that the ch	e registe ange(s)	
as/we		Eric Den	iel			
as/we e arti		LIIC Dell			·	
as/we e arti Signa	ture of a member or authorized representative of a member		Printed or typed na	_	·	
as/we e arti Signa	ture of a member or authorized representative of a member by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple. ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.		Printed or typed na	_	ly with to and acci being fill has been	