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## LLC REGISTERED AGENT CHANGE DSB FAMILY ENTERPRISES, LLC

Certificate of Status 0 O Certified Copy 02 Page Count Estimated Charge \$25.00 OLVISION OF CORE OF A UNKS

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## 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.

l. Na	ame of the limited liability company: DSB FAMILY	ENI	FERPRISES	, LLC
2. (a)	3469 Shoreline Circle	(b) 3469 Shoreline Circle		
	Principal office address of limited liability company:  (Note: MUST RE STREET ADDRESS)		\\\\\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Palm Harbor, FL 34684	Palm Harbor, FL 34684		
		_		1001, 1 E 34004
	08/14/2014	<del></del>	L1400012	28235
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPDIRECT AGENTS, INC.		. t	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 S. Pine Island Road		TAME-8 AM 9: 41	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			01.15.15.15.15.15.15.15.15.15.15.15.15.15
	Miami ,FL	333	24	ON OF O
	CHESTNUT BUSINESS SERVICES, LLC			量
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	911 Chestnut Street			
	NEW Registered Office Address:			•
	Clearwater, FL	337	56	•
the cha agent v was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the relative the relative to the relativ	the State of Flo egistered office company, it is limited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in opany.
Signa	ture of a member authorized representative of a member	_	Javiu Dairiet	Printed or typed name of signec
-	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I has a writing of this change.	ee to perfo i for i tereb	act in this cape rmance of my e in Chapter 605 y confirm that	3,7
Signatu	re of Registery Agent			