114000/33777

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Mark Douglass gave Verbal permission to upolate olocument. RA Address 3/11

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02/20/15--01022--013 **35.00

TALLAHASSEE, FLORIDA

MAR 11 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Douglass T	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:							
Name of Person							
Douglass Investments,	LLC						
PO Boy 143053 Address							
Gamowille (1 31 City/State and Zip Code	614						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, p	lease call:						
Marie of Person	at (352) 494-0544 Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)



February 25, 2015

MARC DOUGLASS DOUGLASS INVESTMENTS, LLC PO BOX 143053 GAINESVILLE, FL 32614 US

SUBJECT: DOUGLASS INVESTMENTS, LLC

Ref. Number: L14000133777

We have received your document for DOUGLASS INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 515A00003943



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.

rioria	u.					
1. N	ame of the limited liability company: Dougle	WAIT W	structs, 1	<u>ul</u>		
		(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)			
	100 SW 75# ST 410b	PU BOX 1				
	(rainest FL 32607		Gainesville,	FL	32	614
3.	Date of filing/registration in Florida	— _{4.} —	Document n	umber		
	Longoration Service Cono		Document in	annoci		
(b)	Registered Agent and Registered Office shown on the records of the Registered Office Address MUST-BE-FLORIDA STREE 1201 Hays St. Tallahaw y J. Intername of NEW Registered Agent and/or NEW Registered NEW Registered Address: NEW Registered Office Address:	TADDRESS)			15 MAR 10 PM 12: 01	SECRETARY OF STATE TALLAMASSEE, FLORIDA
	<u>Gainesville</u>	L 3260	7			
the charagent w was/we the artice Signate I hereb provisic the oblitto merel.	mited 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 re authorized by an affirmative vote of the members cles of organization or the operating agreement of the pure of a member or authorized representative of a member by accept the appointment as registered agent and as the proper and complete gations of my position as registered agent as providily reflect a change in the registered office address, in writing of this change.	of the registered liability compared of the limited liability in the liabili	office and the busing, it is hereby conficiently company or ty company. Printed or typed is capacity. I further	ness offic rmed that as otherways name of s	te of the t the chivise pro	e registered ange(s) ovided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent