

L14000137594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

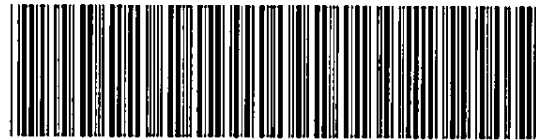
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DUVAL 2 MY, LLC

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:

Name of Person

CARE SERVICES ELITE

Firm/Company

550 OKEECHOBEE BLVD, MPH15

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

MANAGEFPB@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMAN FISCHER

561

370-7426

at ( )

Name of Person

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

TALLAHASSEE, FLORIDA

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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.*

1. Name of the limited liability company: DUVAL 2 MY, LLC

|   |   |
|---|---|
| 2. (a) <u>Principal office address of limited liability company:</u><br><u>(Note: MUST BE STREET ADDRESS)</u><br><u>131 Black Olive Crescent</u><br><u>Royal Palm Beach, FL 33411</u> | (b) <u>Mailing address of limited liability company:</u><br><u>(Note: MAY BE POST OFFICE BOX)</u><br><u>131 Black Olive Crescent</u><br><u>Royal Palm Beach, FL 33411</u> |
|---|---|

|  |   |
|--|---|
| 3. <u>09/03/2014</u><br>Date of filing/registration in Florida | 4. <u>L14000137594</u><br>Document number |
|--|---|

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CORPORATION SERVICE COMPANY  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
CARE SERVICES ELITE LLC  
NEW Registered Office Address:  
550 OKEECHOBEE BLVD, MPH15  
WEST PALM BEACH, FL 33401

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

|  |  |
|--|--|
| <u></u><br>Signature of a member or authorized representative of a member | <u>Marc Duval</u><br>Printed or typed name of signer |
|--|--|

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA