

6/22/2016

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Division of Corporations

Florida Department of State

Division of Corporations

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**LLC REGISTERED AGENT CHANGE
LT DAVIS AND ASSOCIATES, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 160001518903

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: LT Davis and Associates, LLC
2. (a) Principal office address of limited liability company: 1520 Beaver Creek Drive
(Note: MUST BE STREET ADDRESS) Havana, Florida 32333
- (b) Mailing address of limited liability company: 1520 Beaver Creek Drive
(Note: MAY BE POST OFFICE BOX) Havana, Florida 32333

9/2/2014

L14000140519

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

LEGALINC CORPORATE SERVICES, INC.

Registered Office Address:

5237 Summerlin Commons Suite 400
Fort Myers, FL 33907(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Agent:Business Filings IncorporatedNEW Registered Office Address:1200 South Pine Island Road(MUST BE FLORIDA STREET ADDRESS)Plantation, FL 33324

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.

Lowell Davis
 Signature of a member or authorized representative of a member

Lowell Davis, Member

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.

Mark Williams
 Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

DHS18 (12/13)

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