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INHS18 (2/14)

TO:	Registration Section Division of Corporations			
SUBJE	Direct Access International Limited Liability	Company		
	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter	to the following:		
Todd D	Parling			
	Name of Person			
Direct A	Access International Limited Liability Company			
	Firm/Company			
5917 N	W 63rd Way			
	Address			
Parkian	d Florida 33067			
	City/State and Zip Code			
toddfda	rling@gmail.com			
E	-mail address: (to be used for future annual repo	rt notification)		
For fur	ther information concerning this matter, please of	all:		
Todd D	varling 9 at (899-4040		
	Name of Person	Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amoun	t:		
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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. Na	ame of the limited liability company: Direct Access Int	ternational Limi	nal Limited Liability Company		
2. (a)	5917 NW 63rd Way	(b)			
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Parkland				
	Florida 33067	<u></u>			
	9/15/2014	L140	00143843		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Brian Schatzberg				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	140 Leoni Drive, Islamorada, Florida 33036		:_		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
	140 Leoni Drive				
	Islamorada	33036			
		L			
(b)	Debra Rahn		<u> </u>		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:			
	6150 NW 74th Court				
	NEW Registered Office Address:				
	6150 NW 74th Court				
	Parkland	. 33067			
	, FI	L			
change agent v was/y/	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	e registered off ability compar of the limited limited climited liabili	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
10	ture of a member or authorized representative of a member	Todd Dar	Printed or typed name of signee		
I here provisi the obl to mer notified	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in wing of this change.	performance i	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept		