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D. SCOTT **0CT** 2 7 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dal Shoves Florida UC 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:
Ju-Hwa Frazier Name of Person
Oak Shoves Florida, LLC Firm/Company
11.458 Chews Branch Rd Address
Owings, MD 20736 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Junton Frazier at (240) 533-1893 199
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
■ \$25 Filing Fee & Certified Copy

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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. Na	me of the limited liability company:	Dak Shor	e5	Florida, U	<u>د</u>	
2. (a)			(b)	·		
()	Principal office address of limited lia (Note: MUST BE STREET A	bility company:	(-)	Mailing address of lin		
	7915 Elliot R	1	1	PMB 20	3 4200 5	ebring P
	Sebring FL	33876		Sebrina	FL 3	3870
2	2/11/15			450000	2607C)
3.	Date of filing/registration in	i Florida 4.		Document numb	er	
5. (a)	Registered Agent and Registered Office show	wn on the records of the Flori	da Dept.	of State:		
	Registered Office Address (MUST BE F	LORIDA STREET ADDRE.	<u>SS)</u>			
	7915 Elliot	12d, Lot	1			
	Sebrins	, FL	381	76	العسر را	•
(b)	Bill Harve				Secure of	Ή
. ,	Enter name of NEW Registered Agent and/	or NEW Registered Office a	ddress:		1 2 X	=
	REGISTERED AGENTS IN	NC.			SEE, F	ED
	NEW Registered Office Address:				Q F	•
	3030 ROCKY POINT DRIV	/E, STE 150A			資用と	3
	ТАМРА	, _{FL} 3360)7			
the cha agent w was/we	imited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a lere authorized by an affirmative vote cles of organization or the operating	street address of the reg Florida limited liability of the members of the li	gistered compan mited li	office and the busines by, it is hereby confirm iability company or as	s office of the ed that the cha	registered nge(s)
Signal	nare of a member or authorized representative	of a member	•	Oin Hwc Printed or typed na	me of signee	cier
provisi the obl to mere	by accept the appointment as register ons of all statutes relative to the propigations of my position as registered ely reflect a change in the registered in writing of this change.	ed agent and agree to a per and complete perfor agent as provided for in office address, I hereby	ect in thi mance of Chapto confirm	is capacity. I further a of my duties, and I am j er 605, F.S. Or, if this n that the limited liabil	gree to comply amiliar with a document is b ity company ho	with the and accept eing filed as been
Signatu	re of Registered Agent					