## 4500033434

(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:				





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112/18

## COVER LETTER

TO: Registratio	n Section Corporations				
Division of	Corporations				
SUBJECT:	Destry s	prings Un	nt 934 D, LLC		
SUBJECT: Destry Spring Unit 934 D, LLC  Name of Limited Liability Company					
Dear Sir or Madam	:				
The enclosed Regis	stered Agent/Registered Office	Change and fee	e(s) are submitted for filing.		
Please return all co	rrespondence concerning this	matter to the fol	lowing:		
	Aliha Chambro				
	Name of Person	tecin			
	name of Person				
Tera	us Fimencial, LL	C			
<del></del>	Firm/Company				
6210	44th S.1 N 18 Address				
	Address				
D.2 alla	s Powk, FL 3378	1			
- ( Rena)	City/State and Zip Code	1	•		
	City/State and Zip Code				
bank of	menhettene yaho	0.6014			
E-mail addres	s: (to be used for future annua	l report notifica	tion)		
For further informa	tion concerning this matter, p	ease call:			
Alina	Chambertown	at (_727	4925574		
	me of Person		Area Code & Daytime Telephone Number		
STDFFT//	COURIER ADDRESS:	MAII	LING ADDRESS:		
Registratio			tration Section		
<del>-</del>	Corporations		ion of Corporations		
Clifton Bui			3ox 6327		
	ative Center Circle e. Florida 32301	Tallai	nassee, Florida 32314		
Enclosed i	s a check for the following a	mount:			
<b>☑</b> \$25 Fili:	ng Fee	<b>□</b> \$55	Filing Fèe & Certified Copy		

INHS18 (2/14)

## 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. N	ame of the limited liability company: De string	1 Spring	ups Unit 934D, LLC	
	6210 44th St N 18,		6210 4444 S+N18	
2. (4)	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)	
	Pinellas Park, FL 33781		Pinellis Part, FL 3378	
			<u> </u>	
	02/23/2015		L 15000033434	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida D	Dept of State:	
	6210 44th St N B, Pihellas Pari		•	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>		
	, FL	· · · · · · · · · · · · · · · · · · ·	<del></del>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered  NEW Registered Office Address:	ole Bive	III JUL 13	T) = T)
	FL	-,	PM 12: 25	j
the ch agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attree of a member or authorized representative of a member	f the registe ability com of the limite limited lia	tered office and the business office of the register mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided itability company.  Along Chamberlain  Printed or typed name of signce	ered ) in
попун	pby accept the appointment as registered agent and agnitions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I sed in writing of this change.	performan d for in Ch hereby con	ince of my duties, and I am familiar with and ac hapter 605, F.S. Or, if this document is being f infirm that the limited liability company has bee	cep iled n
Signati	ure of Registered Agent			