150000039658

(Requestor's Name)							
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(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
(Sociality Hamber)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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INHS18 (2/14)

TO:	Registration Section Division of Corporations								
SUBJI	D & E MANAGEMENT AND PRSERVATION, LLC								
	Name	e of Limited Liab	oility Company						
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.						
Please	return all correspondence concerning this	s matter to the fo	llowing:						
TERF	RANCE T AICE								
	Name of Person		.						
D & E	MANAGEMENT AND PRESERV	ATION, LLC							
-	Firm/Company		-						
3818	GUNN HWY STE 204								
	Address		•						
TAME	PA, FL 33618								
-	City/State and Zip Code		•						
TAIC	E30@GMAIL.COM								
E	-mail address: (to be used for future annu	ial report notifica	ition)						
For fur	ther information concerning this matter,	please call:							
TERR	RANCE AICE	813	919-6354						
	Name of Person		Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS:	LING ADDRESS:							
-			stration Section						
•			ion of Corporations Box 6327						
<u>-</u>			hassee, Florida 32314						
	Tallahassee, Florida 32301	. With							
	Enclosed is a check for the following	amount:							
	■ \$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.

l. Na	ame of the limited liability company: D & E MANAGEMENT AND PRESERVATION LLC								
2. (a)	3818 GUNN HWY STE 204 TAMPA FL 33618	- 3 _{(b}	(b) 3818 GUNN HWY STE 204 TAMPA FL 33						
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)						
	03/04/2015	_	L150000	39658					
3.	Date of filing/registration in Florida	4.		Document number	 :г		-		
	DAWN DORADO								
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Stat	– le:					
	D & E MANAGEMENT AND PRESERVATIO		•						
	Registered Office Address (MUST BE FLORIDA STREET A.		<u> </u>	_					
	3818 GUNN HWY SUITE 204								
	TAMPA	33618		_	net Const	~			
	, 1 L			_	三 约	2015 J			
(b)			. <u>.</u>	_			**.		
	Enter name of NEW Registered Agent and/or NEW Registered (Office add	iress:			. <u></u> .	16 *		
	TERRANCE AICE			_	ਕ :	- P	: -		
	NEW Registered Office Address:				, , , ,				
	3818 GUNN HWY SUITE 204			_	*	7ت			
	TAMPA,FL	33618		_					
the cha agent v was/we the art	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of scles of organization or the operating agreement of the li-	the regis bility co f the lim limited l	stered offic ompany, it ited liabili	ee and the business is hereby confirme ty company or as o mpany.	office of d that the otherwise	the reg chang provid	gistered e(s)		
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agree on a file appointment as registered agent and agree ons of all statutes relative to the proper and complete place of my position as registered agent as provided ely reflect a change in the registered office address. I have a change of this change	performu I for in C	ance of my Chapter 60	pacity. I further ag duties, and I am fa 5, F.S. Or, if this a	gree to co amiliar w document	mply w ith and is beir	i accepi 1g filed		

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