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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MICHAEL T DOUG IAS LLC 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:
MICHAEL DOUGLAS Name of Person
MICHDEL T DOUGLAS LLC Firm/Company
1481 NE 14th COURT APT 1 Address
ENSON BEACH FL 34957 City/State and Zip Code MDOUG 29100 @ AOL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
MD0U6 29100 @ AOL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHAEL DOUGLOS at (646) 982-6652 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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: MICHDEL	7	DOU	614S	LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	1481	Mailing addr	COVEY cess of limited li	ability company:
2	3 12 2015 Date of filing/registration in Florida 4		L15	2000·	45572	
3. 5. (a)	Date of filing/registration in Florida 4 UNITED STOTES CORPORDITION AGENTS TIC Registered Agent and Registered Office shown on the records of the Florida Street Address Registered Office Address (MUST BE FLORIDA STREET ADDRESS COURT)	lorida E	Pept. of Sta	Documen ate: 	it number	
(b)	SUITE A TAMPA FL MICHAEL DOUGLAS Enter name of NEW Registered Agent and/or NEW Registered Office	33	612 ess:	- -	一番に対している。	FILEI 17 AUG 24
	1481 NE 14th COURT UNIT	1		_	, 1000	# 8
	Jensen BEACH .FL 3	Ago	57	_		
the cha agent was/we the arti Signat I herel provisi- the obser- the obser- notifies	by accept the appointment as registered agent and agree to sons of all statutes relative to the proper and complete perfigations of my position as registered agent as provided for all reflect a change in the registered office address, I here it in writing of this change.	registe ity con e limit ited lia	ered office apany, it ed liability continued in the conti	te and the bis hereby company mpany. Printed or	ousiness offic onfirmed that y or as otherw y or as otherw typed name of si	e of the registered t the change(s) vise provided in
If the lithe cha agent was/we the arti Signat I herel provisithe oblito mere notifies	SUITE A TAMPA FL MICHAEL DOUGLAS Enter name of NEW Registered Agent and/or NEW Registered Office NEW Registered Office Address: NEW Registered Office Address of the Court of the Immitted liability of the Court of the Immitted Liability of the Office Address of the Court of the Immitted Liability of the Court of the Immitted Liability of the Address of the Court of the Immitted Liability	f the S register ity contect limit ited lia	tate of Flered office of liability constitutions of the liabil	te and the bis hereby company mpany. Printed or	ousiness offic onfirmed that y or as otherw y or as otherw typed name of si	rmed that after e of the registered the change(s) vise provided in