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(R	Requestor's Name)	1				
(A	(ddress)					
(A	address)					
(C	ity/State/Zip/Phon	ne #)				
PICK-UP	☐ WAIT	MAIL				
(E	Business Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
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COVER LETTER

Registration Section Division of Corporations

TO:

Dawson Property Preservat	ion Services	LLC					
Name of Limited Liability Company							
Dear Sir or Madam:		1					
The enclosed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.					
Please return all correspondence concerning th	is matter to the	e following:					
Lee A. Dawson Sr.							
Name of Person							
Dawson Property Preservation Service	s LLC ————	<u> </u>					
Firm/Company							
7521 Paula Dr Ste. 261651							
Address							
Tampa, FL 33685							
City/State and Zip Code							
2mrdawson@gmail.com		l					
E-mail address: (to be used for future and	iual report not	ification)					
For further information concerning this matter.	, please call:						
Lee A. Dawson Sr.	813	526-6756					
Name of Person	** (Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	AAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314					
Enclosed is a check for the following	; amount:						
■ \$25 Filing Fee	a 9	\$55 Filing Fee & 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. Na	me of the limited liability company:	Dawson Prope	erty Prese	ervation Servic	es LLÇ		
2. (a)	7521 Paula Dr ste# 261651		(b) F	P.O. Box 2616	51		
2. (u)	Principal office address of limited li (Note: MUST BE STREET A		_ (0/_	_		d liability compar TOFFICE BOX	-
	Tampa, FL 33685		- <u>т</u>	ampa, FL 336	85		
	3/26/2015		L1	5000053980			
3.	Date of filing/registration in	n Florida	4.	Documo	ent number	<u> </u>	
5. (a)	Holliwood Lee Dawson Sr				Į,		
J. (a)	Registered Agent and Registered Office sho	wn on the records of th	e Florida De	pt. of State:	!		
	7521 Paula Dr Ste #261651				ļ	97	
	Registered Office Address (MUST BE I	LORIDA STREET AI	DDRESS)		į	AUG -	三三
	Tampa	, FL	33685			-7 PP of Culvi	IL EU
(b)	Lee A. Dawson Sr. Enter name of NEW Registered Agent and	/or NEW Registered (Mice addre	<u>ss</u> :	:	17 AUG -7 PH 3: 23 DIVISION OF CONTURNATIONS	3
	7521 Paula Dr Ste# 261651						
	NEW Registered Office Address:						
	Tampa	. FL	33685		1		
the cha agent v was/we the arti Gignal I herei provisi the obli to mere notified	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating ture of a member or authorized representative by accept the appointment as register on sof all statutes relative to the profigations of my position as registered by reflect a change in the registered I in writing of this change.	street address of t Florida limited lial of the members of agreement of the l	the register bility comp the limite imited liab Lee A	red office and the pany, it is hereby d liability company. Dawson Sr. Printed of this canacity.	business of confirmed to my or as oth or typed name further agree	ffice of the reg that the change erwise provide of signee	istered e(s) ed in

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