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(Re	questor's Name)					
(Ad	dress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bı	isiness Entity Nan	ne)				
(Do	ocument Number)					
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SECRETARY OF SIGH

THE CLASS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DP Tools	S LLC me of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning to	his matter to the following:	
Dominick Peti Name of Person	1 1 / 	
Firm/Company	<u>LC</u>	
6745 45th ter Address	east Est	7
Bradonton Florida City/State and Zip Code	34203	TO
* JPc+1+1: 01 D me E-mail address: (to be used for future an	i Com inual report notification)	
For further information concerning this matte	r, please call:	
Daminick Petitt. Name of Person	at (941) 893 - 9/13 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	
Enclosed is a check for the following	g amount:	
□ \$25 Filing Fee	☐ \$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	ame of the limited liability company:	001	5 4	40			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Padenton F/ 34203	_ (b)	679 Bra	15 43 Mailing addre (Note: MA Lext)		ed liabili	
3.	Date of filing/registration in Florida	- 4.	1-150	0000 Document		57	-
5. (a)	Registered Agent and Registered Office shown on the records of the 13302 WINDING DAK COURT Registered Office Address (MUST BE FLORIDA STREET A)	ne Florida		:			
(b)	DOWNING PETITIF Enter name of NEW Registered Agent and/or NEW Registered Control of NEW Registered Control of NEW Registered Control of NEW Registered Control of NEW Registered Office Address:				SECRE TARY OF	2016 AUG 10 P	
	Bradontan ,FL	3	420	3	FLORIDA) ⊋ 5 b	
the cha agent v was/we the arti	imited liability company is not organized under the law- inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li- ture of a member or authorized representative of a member by accept the appointment as registered agent and agree- tions of all statutes relative to the proper and complete p- ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had	he regist bility con the limi imited li	tered office mpany, it is ted liability com	and the bushereby covered company pany. Printed or type covered cover	usiness of infirmed or as other or as other there agree the agree that the agree tha	ffice of that the nerwise of signe	f the registered e change(s) e provided in

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

Signature of Registered Agent