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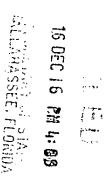
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
☐ WAIT	MAIL						
(Business Entity Name)							
(Document Number)							
Certificates	of Status						
Special Instructions to Filing Officer:							
	ress) /State/Zip/Phone WAIT iness Entity Nan ument Number) Certificates						





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DEC 19 2016 Y SULKER

COVER LETTER

TO: Registration Section

Division of Corporations						
SUBJECT: DUCK FACTOR, LLC	ECT: DUCK FACTOR, 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 m	natter to the following:					
Paul H. Nessler, Jr.						
Name of Person						
Paul H. Nessler, Jr., P.A.						
Firm/Company						
10002 Cortez Boulevard						
Address						
Spring Hill, FL 34613						
City/State and Zip Code						
paulnessler@bellsouth.net						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ase call:					
Paul H. Nessler, Jr.	352 596-4242					
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following am	nount:					
☑ \$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: DUCK FACT	OR, LL	.C				
2.	(a)	8606 Government Drive	((b) 8606 Government Drive				
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		New Port Richey, FL 34654		New Port	Richey, FL 3465	54		
		05/08/2015		L1500008	1599			
3.		Date of filing/registration in Florida	4.]	Document number			
5	(a)	Nicholas J. Grimaudo			•			
J. (i	(4)	Registered Agent and Registered Office shown on the records of 911 Chestnut Street	the Florid	la Dept. of State:		37	4 ,	
		Registered Office Address (MUST RE FLORIDA STREET ADDRESS)				2.3	ř6 01	
		Clearwater , FI	34652	-33756	2	HASSEE	91 030	
· (b	ران داران	Paul H. Nessler, Jr.				100 C	至「	
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:		S PAL	£ (
		10002 Cortez Boulevard). ():	w	
		NEW Registered Office Address:						
		Spring Hill , FI	34613	3				
the age	e cha ent v s/we	imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members calles of organization or the operating agreement of the	f the reg ability o of the lin	istered office company, it is nited liability	and the business of hereby confirmed the company or as other	fice of the	e registered ange(s)	
	0	# 2	Je	ffrey Lucas				
C	igna	ture of a member or authorized representative of a member			Printed or typed name o	f signee		
the to	ovisi obl mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforned for in hereby	ct in this capa nance of my d Chapter 605, confirm that ti	city. I further agree uties, and I am fami F.S. Or, if this doc he limited liability c	e to comp iliar with rument is company l	ly with the and accept being filed as been	
Si	gnatu	re of Registered Agent						

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