15000098110

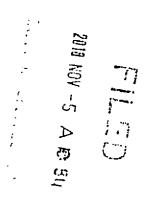
(Requestor's Name)								
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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11/05/18--01006--012 **175.00



1.9V 20 20:8 T. LEATTUK

COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJE	DRJR HOLDINGS I, LLC								
Name of Limited Liability Company									
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Offi	ce Change ar	d fee(s) are submitted for filing.						
Please	return all correspondence concerning thi	s matter to th	e following:						
DAR	RIN ROTMAN								
	Name of Person	-							
DRJF	R HOLDINGS I, LLC								
	Firm/Company								
5127	FAIRWAY OAKS DRIVE								
	Address								
WINE	DERMERE, FL 34786								
	City/State and Zip Code								
AIOD	@EMBARQMAIL.COM								
E-mail address: (to be used for future annual report notification)									
For fur	ther information concerning this matter,	please call:							
DARF	RIN ROTMAN	954 at (294-0177						
	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	F C P	AAILING ADDRESS: Registration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314						
Enclosed is a check for the following amount:									
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy						
INHST	8 (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.	Name of the limited liability company: DRJR HOLD	INGS I, L	LC				
2. (a	OFFICE ADDRESS:	(b)	(b) MAILING ADDRESS:				
2. (.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 5127 FAIRWAY OAKS DRIVE				
	5127 FAIRWAY OAKS DRIVE						
	WINDERMERE, FL 34786		VINDERA	RMERE, FL 34786			
	06/05/2015	L	15000098	110			
3.	Date of filing/registration in Florida	4.	D	ocument numb	oer		
5. (PARACORP INCORPORATED						
٥. (Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:				
	PARACORP INCORPORATED						
	Registered Office Address (MUST BE FLORIDA STREET						
	155 OFFICE PLAZA DRIVE, 1ST FLOOR						
	TALLAHASSEE	32301					
(1	DARRIN A. ROTMAN				<u>~</u> 3		
`	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	<u></u>	,	2013	● 상일	
	DARRIN A. ROTMAN			,	NOV -	A A Maries Political	
	NEW Registered Office Address:		_ 	:	2		
	5127 FAIRWAY OAKS DRIVE				\triangleright	ī ·	
	WINDERMERE	34786		· 1-	स्त्र जि	4.0	
the cagen was/the a	e limited liability company is not organized under the la hange or changes are made, the Florida street address of twill be identical. Or in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the nature of a member or authorized representative of a member reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I field in writing of the change.	tws of the St f the registe iability com of the limite limited lial	red office a pany, it is h ed liability c pility compa RIN A. RO	and the business dereby confirm company or as any. OTMAN Trinted or typed na	s office of ed that the otherwise	of the registered ne change(s) ne provided in	
notij —	ied in verting of the change.				-		
Sign	ature of Registered Agent						