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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Dakine Cle Name of	Ean LLC Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Drew Sweet Name of Person		
Dakine Clean LLC Firm/Company	-	
501 Orangeview Ava	2	
Clearwater. Fl. 33 City/State and Zip Code	755	
Drewrsweet@Gmail	, com	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please	se call: - 446 4830	
Kathleen Sweet at	(727) 269 6503	
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 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.

I. Na	ame of the limited liability company: Dakine Cl	lean LLC
	501 Stange View Ave (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	
	Clearwater Fl. 33755	Clearnenter F1.
		33755
	8-26-2015	L15000142774
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Aug 20, 2015- 15 Corp Ag	gents Iuc
	Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:
	United States Cox Doration Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	AGents Inc,
		_
	13302 Winding Oak Con	
	TAMP4 F1. FL 336	014
		¥s ≇
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office add	SECRETA T
	Drew R. Sweet.	SS +
	NEW Registered Office Address:	
	501 prangeview Ave	COLE STATE
	O[. Wt, Fl .FL 33	755
the cha agent w was/we	imited liability company is not organized under the laws of the singe or changes are made, the Florida street address of the regist vill be identical. Or, in the case of a Florida limited liability corere authorized by an affirmative vote of the members of the limiteless of organization or the operating agreement of the limited liability.	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Signat	are of a member or authorized representative of a member	Printed or typed name of signee
provision the oblication to mere	by accept the appointment as registered agent and agree to act to one of all statutes relative to the proper and complete performatigations of my position as registered agent as provided for in City reflect a change in the registered office address, I hereby could in writing of this change.	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signatur	re of Registered Agent	