| L15000150976  |                                    |  |  |  |  |  |  |  |  |
|---|------------------------------------|--|--|--|--|--|--|--|--|
| (Requestor's Name)<br>(Address)                           |                                    |  |  |  |  |  |  |  |  |
| (Address)   | 800283786618                       |  |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                                  | 04/01/1601011025 ★★25.00           |  |  |  |  |  |  |  |  |
| (Business Entity Name)                                    | 16 APR - 1<br>SECRETAN<br>TALLAHAS |  |  |  |  |  |  |  |  |
| (Document Number) Certified Copies Certificates of Status | PHI2: 47                           |  |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer:                   |                                    |  |  |  |  |  |  |  |  |
|   |                                    |  |  |  |  |  |  |  |  |
|   |                                    |  |  |  |  |  |  |  |  |
| Office Use Only   | J. HARRIS                          |  |  |  |  |  |  |  |  |
|   | 2. <b>t</b> .                      |  |  |  |  |  |  |  |  |
|   |                                    |  |  |  |  |  |  |  |  |
| · · · · ·   |                                    |  |  |  |  |  |  |  |  |

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## **COVER LETTER**

TO: Registration Section Division of Corporations

Datum Realty, LLC SUBJECT:

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 matter to the following:

David M. Whittaker

Name of Person

Datum Realty, LLC

Firm/Company

17727 Champagne Drive

Address

Winter Garden, FL 34787

City/State and Zip Code

david@datumrealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

**、601-9654** 

407

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of section's 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: Datum Realty,  | LLC                                |                                  |   |   |  |  |  |
|---|--|------------------------------------|----------------------------------|---|---|--|--|--|
| 2. (a)  | 444 Dunoon St. Ocoee, FL 34761   |                                    | (b) PO Box 1246, Gotha, FL 34734 |   |   |  | 1                                      |  |
|   | Principal office address of limited liability company:<br>( <i>Note: MUST BE STREET ADDRESS</i> )  | _                                  | (-)                              |   | Mailing address of limited liability company:<br>(Note: MAY BE POST OFFICE BOX) |  |  |  |
| 3.  | 9/2/2015<br>Date of filing/registration in Florida   | <br>-<br>4.                        | <br>-                            | _1500015  | 0976<br>Document n  | umber  |  |  |
| <b>F</b> (-)  | David M. Whittaker   |                                    |                                  |   |   |  |  |  |
| 5. (a)  | Registered Agent and Registered Office shown on the records of the   | he Flor                            | ida                              | Dept. of State  | :   |  |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET A  | DDRE                               | SS)                              |   |   |  |  |  |
|   | 444 Dunoon Street  |                                    |                                  |   |   |  |  |  |
|   | Ocoee FI   | 3476                               | 1                                |   |   | <b>Z</b> .,                                    |  |  |
|   | , 1 4/_  |                                    |                                  |   |   |  | сл<br>Хл                               | utioner <b>e</b> nsta                      |
| (b)   |  |                                    |                                  |   |   |  | APR -                                  | Street Professor                           |
|   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | Office :                           | add                              | ress:   |   | 355<br>7.37                                    | - <u>-</u> ,                           | r talan t                                  |
|   |  |                                    |                                  |   |   | COF STATE                                      | PH 12: 4                               |  |
|   | NEW Registered Office Address:   |                                    |                                  |   |   | LOR  | :23                                    |  |
|   | 17727 Champagne Drive  |                                    |                                  |   |   |  | ÷-1                                    |  |
|   |  |                                    |                                  |   |   |  |  |  |
|   | Winter Garden  | 3478                               | 7                                |   |   |  |  |  |
| the cha<br>agent was/wu<br>the arti-<br>Signa<br>I here<br>proviss<br>he off<br>notifie | inited Niability company is not organized under the law<br>ange or/changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lia<br>ere autoorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the l<br>ture of a rember or authorized representative of a member<br>by accept the appointment as registered agent and agree<br>ions of dll statutes relative to the proper and complete<br>ligations of my position as registered agent as provided<br>only reflect a change in the registered office address, i h<br>d in writing of this change. | the replicitly bility f the limite | gis<br>co<br>imi<br>d li<br>av   | tered office<br>mpany, it is<br>ited liability<br>ability com<br>id M. Whit | and the busi<br>hereby conf<br>company or<br>pany.<br>ttaker<br>Printed or type | ness offi<br>irmed th<br>as other<br>d name of | ice of a<br>at the<br>wise p<br>signee | the registered<br>change(s)<br>provided in |
| -   | Division of Corporations• P.O. B   | or 62                              |                                  | • Tallahas  | 600 EI 2721   | 4  |  |  |

FILING FEE: \$25.00