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(Re	questor's Name)	
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06/22/18--01007--029 ++55.00





COVER LETTER

TO: **Registration Section Division of Corporations**

SDS FAMILY LLC Name of Limited Liability Company SUBJECT:

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:

JOANNA RULAND, ESQ. Name of Person

Firm/Company

P.D. BDX 1568 Address

UESTHA MPTON BEACH M 11978 City/State and Zip Code

JDANNAROLAND 27 (A) 6 MAIL. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 TOAMARULAND
 at (_______)
 Q3Q_3UTS

 Name of Person
 Area Code & Daytime Telephone Number

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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

X \$55 Filing Fee & Certified Copy Please send to Joanna Roland at Address Alle

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.

(a)	DS FAMILY LLC	(b)	SDS FAMILY	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE	limited liability company <u>POST OFFICE BOX</u>)
	3250 SOUTH OCEAN BLUD # 103-5		CO SUSAN M. <u>35 IRONBUORKS</u>	KERNEDY _KOAD
	PALM BEACH, PL 33480		MONRUE MI	10950
	10/16/15		L15000176	,733
	Date of tiling/registration in Florida	-4.	Document nun	
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET -		pt. of State;	
	13302 WINDING DAKS CT SUI			
	1			· • • •
	TAMPA	3361	2	ور
(b)		3361	2	
(h)				
(հ)	LINDA S. MARTIGNETTZ Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 6850 PALMETTD CIRCLE SOUTH	Office addres	<u></u> .	22 A 10 H
(Ի)	LINDA S. MARTIGNETTZ Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	<u></u> .	22 A R

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Journa Reland Printed or typed name of signee Elizna Roland Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

notified in writing of this change.

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