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(Requestor's Name) (Address) (Address)	300332667083
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	NUG-8 PH 1:55 SECHETAREY UT STATE INTEL ANASSEE FLORID
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COVER LETTER

TO: **Registration Section Division of Corporations**

Davic Bloudstock 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:

Stephen L. D: Mauro Name of Person

Davie Bloodsteck LLC Firm/Company

12450 SW 1^{sr} Pl.

Plantation, Fl. 33325 City/State and Zip Code

<u>Schimequine @ bellsouth.net</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stepher D. Maurat (954)802-4180Name of PersonArea Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

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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 FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compar submits the following statement in order to change its registered office or registered agent, or both, in the State (Florida.

 (a) <u>i</u> 243 Jacuravia Dr. (b) 243 Jacuravia Dr. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Plastana, FL 33324 (b) Stepnes L D.Mans FL 33324 (c) Stepnes L D.Mans FL 33324 Plastana, FL 15000000000000000000000000000000000000	۱ ۲ .
II / 12 / 2015 L 15000191576 Date of filing/registration in Florida Decomparized of filing/registration in Florida A Domanne Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 243 Jacaranda Dr Registered Office Address MUST RE FLORIDA STREET ADDRESSI Plantatum, FL 33324 Domanne Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: Plantatum, FL 33324 Domanne Plantatum, FL 33324 Plantatum, FL 33325 Plantatum, FL 33325 Plantatum, FL 33325 Plantatum, FL 33325 Plantatum, FL 33325 <t< td=""><td>• •</td></t<>	• •
Date of filing/registration in Florida 4. Document number a) Stores L. D. Maure Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 243 Jacarenda Dr Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Plantatur FL 33324	<u>72</u> 4
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FL_33224 Stephes L. D.Manos Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 12450 SW 1 ⁵⁺ PL NEW Registered Office Address: Plastation FL_33325 Imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed thange or changes are made, the Florida street address of the registered office and the business office of the will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the cheven of the state of the registered office and the business office of the will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the cheven of the registered office and the business office of the registered office and the business office of the the registered office and the business office of the the registered office and the business office of the registered office	
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vere authorized by an aftirmative vote of the members of the limited liability company or as otherwise pro	hange(
ticles of organization or the operating agreement of the limited liability company.	ovidec

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 fileat 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.

Signature of Registered Agent

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