L16000030378

(Requestor's Name)						
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	me)				
(Do	cument Number)	,				
Certified Copies	_ Certificate	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



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FILED

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	DSTAT Property Management & Compliance LLC						
		of Limited Liab	pility Company				
Dear S	ir 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:							
Antho	ony Davis						
	Name of Person		-				
DSTA	AT Property Management & Complia	nce LLC	_				
	Firm/Company						
2301	Savannah Rd #1615		_				
	Address		-				
Jense	en Beach, Florida 34957		_				
	City/State and Zip Code						
antho	ny@dstatpmc.com						
E	-mail address: (to be used for future annual	report notific	ation)				
For fur	ther information concerning this matter, ple	ease call:					
Antho	ony Davis	772 at (924-5188				
	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	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, 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.

Na	me of the limited liability company: DS	TAT Prope	rty Ma	nagemer	nt & Compliance LLC.
(a)	971 NW Fresco Way #205		(b	Same	
(=)	Principal office address of limited liability (Note: MUST BE STREET ADDRESSED Beach Florida		_ (0.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	34957		- -		
	01/20/2016		[L160000	20378
(a)	Date of filing/registration in Flor Anthony Davis	ida	4.		Document number
(4)	Registered Agent and Registered Office shown on 971 NW Fresco Way, Jensen Bea			Dept. of Stat	
	Registered Office Address (MUST BE FLORI 971 NW Fresco Way	DA STREET AI	<u>DDRESS</u>		
	Jensen Beach	, FL_	34957	,	75 TO 12
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 2301 Savannah Rd. # 1615			FD 1:21	
	NEW Registered Office Address:				
	Jensen Beach	, FL_	34957	7	_
e cha gent v as/we	imited liability company is not organized unge or changes are made, the Florida street will be identical. Or, in the case of a Florida re authorized by an affirmative vote of the cles of organization or the operating agree	et address of t da limited liab e members of	the regis bility co the lim	tered offic mpany, it ited liabili	ce and the business office of the regist is hereby confirmed that the change(s ity company or as otherwise provided
(223		An	thony Da	ıvis
Signat	ture of a member or authorized representative of a n	nember			Printed or typed name of signee
rovisi 1e obl 1 mere	by accept the appointment as registered as ons of all statutes relative to the proper a significant of my position as registered agency reflect a change in the registered officed in writing of this change.	zent and agre nd complete p it as provided e address, I h	ee to act performe for in C ereby co	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with a duties, and I am familiar with and ac 5, F.S. Or, if this document is being f the limited liability company has bee

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

Signature of Registered Agent