## 116000020378

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
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## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SUBJ	ECT:	DSTAT Property Management & Compliance						
	Na	ame of Limited Lia	bility Company					
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered O	ffice Change and f	ee(s) are submitted for filin	g.				
Plcasc	return all correspondence concerning	this matter to the fo	ollowing:					
Antho	ony Davis							
	Name of Person		_					
DST	AT Property Management & Con	npliance LLC						
	Firm/Company							
611.5	SW Federal Hwy STE J		_					
	Address			- · · ·				
Stuar	t, Florida 34994			FILED 7 2 11				
	City/State and Zip Code		_	10000000000000000000000000000000000000				
antho	ony@dstatpmc.com			7 5				
——— <u> </u>	E-mail address: (to be used for future a	nnual report notific	cation)	2				
For fu	rther information concerning this matte	er, please call:						
Antho	ony Davis	772 at (	924-5188					
	Name of Person		Area Code & Daytime Tel	ephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	<b>MA</b> Regi Divi P.O. Talli						
	Enclosed is a check for the following	ıg amount:						
	■ \$25 Filing Fee	<b>\$55</b>	Filing Fee & Certified Cop	ру				

## 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.

1. Na	ame of the limited liability company:DSTAT_Pro	perty i	Manageme	ent & Compliance			
2. (a)	611 SW Federal Hwy STE J	(	<sub>b)</sub> 611 SV	V Federal Hwy STE J			
2. (2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Stuart, Florida		Stuart, F	Florida			
	34994		34994				
	01/20/2016		L160000	20378			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Anthony Davis						
3. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			50 <b>3</b>			
	971 NW Fresco Way #205			1.2 1.4			
	Jensen Beach , FL	34957		AUG 14			
(b)	Anthony Davis						
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			~ >			
	NEW Registered Office Address:			-			
	611 SW Federal Hwy STE J			-			
	Stuart, FL	3499	4	_			
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability confirmated	stered office ompany, it is nited liability liability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.			
Cianal		Ar	thony Dav				
	ture of a member or authorized representative of a member			Printed or typed name of signee			
provision the obli to mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a first change.	ee to ac perform d for in hereby c	t in this cape ance of my o Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been			

Signature of Registered Agent