16000053708

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	siness Entity Nan	ne)
(Do	cument Number)	
ertified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv.



07/16/18--01027--018 **25.00

ר -	•	18	
	¥	JU	
		61	
		NY.	·`
	e :-	ب	
	 مور	00	

1301 2 4 2018 S. PRATHEIS

COVER LETTER

TO: **Registration Section** Division of Corporations

DG PECKS WV, 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:

ANDRES POSSE

Name of Person

DG PECKS WV, LLC

Firm/Company

7274 NW 34TH ST

Address

MIAMI, FL 33122

· · · .

:

City/State and Zip Code

andresposse15@gmail.com

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

- For further information concerning this matter, please call:

ANDRES POSSE	786 3448667
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the followin	g amount:
	D. 655 Dillion Ford & Contification

☑ \$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.

	7274 NW 34TH ST MIAMI, FL 33122 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Maili	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	· · · · · · · · · · · · · · · · · · ·							
•.	· · · · · · · · · · · · · · · · · · ·				·			
	4/4/2016	L16	50000537	08			<u>.</u>	
	Date of filing/registration in Florida	4.	Do	cument nu	mber			
ı)	THE LAW OFFICE OF NICK SPRADLIN,	PLLC						
•/	Registered Agent and Registered Office shown on the records of	of the Florida Dep	t. of State:					
	THE LAW OFFICE OF NICK SPRADLIN,	PLLC				••	.	
	Registered Office Address (MUST BE FLORIDA STREE	T.ADDRESS)			:	D . 1	CD	
	2202 N WEST SHORE BLVD, #200					•••	JUL	ъĄ
	ТАМРА	. 33607				£1.		;
	I	-L	<u>.</u>					r.
	÷							۰. ،
}	Enter name of NEW Registered Agent and/or NEW Register	ed Office address				0	بى 0	
						1	00	
	ANDRES POSSE							
	NEW Registered Office Address:							
	7274 NW 34TH ST							
	MIAMI, FL	_{FL} 33122						
						onfirme	d that	afte
ha t w we rti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the member of a member or authorized representative of a member of the member of a member	of the registere liability compa s of the limited he limited liabi	d office an any, it is he liability co lity compar ES POSS Pri his canacit	d the busir reby confi impany or iy. SE nted or typed or 1 furthe	rmed as ot $\frac{7}{1 \text{ name}}$	office of that the herwise	the rote change of the rote o	egiste ge(s) ded i
ha i v we rti nat si bl. gre	nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the member of a member or authorized representative of a member	of the registere liability compa s of the limited he limited liabi	d office an any, it is he liability co lity compar ES POSS Pri his canacit	d the busir reby confi impany or iy. SE nted or typed or 1 furthe	rmed as ot $\frac{7}{1 \text{ name}}$	office of that the herwise	the rote change of the rote o	egiste ge(s) ded i

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

۰,