L16000084454

(Re	questor's Name)						
(ive	(Requestors Ivame)						
hA)	dress)	<u></u>					
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(Address)							
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	v/State/7in/Phon	- #\					
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nar	ne)					
(Do	cument Number)						
Certified Copies Certificates of Status							
Special Instructions to	Filing Officer:						
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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations			*				
DIBARI ENGINEERING, LLC	;		· ·				
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the f	following:					
JOHN DIBARI			· ,				
Name of Person	,	-					
DIBARI ENGINEERING, LLC							
Firm/Company		_					
99 MAIN STREET			ALCKI N				
Address		- .	M 13 A 13				
DOBBS FERRY, NY 10522			3 7				
City 'State and Zip Code			LOND STATE				
john@dibari.us		· 	>n 6				
E-mail address: (to be used for future annual	al report notifi	ication)					
For further information concerning this matter,	please call:		-				
JOHN DIBARI	914 at (479-9705					
Name of Person		Area Code & Daytime Tele	phone Number				
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	☐ \$55 Filing Fee & Certified Copy						

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 Kability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: DIBARI ENG	INEER	ING, LLC		
2. (a)			b)		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	1	Mailing address of limited (Note: MAY BE POST	
	8201 MARABELLA VIEW COURT		99 MAIN	N STREET	
	ORLANDO, FL 32817		DOBBS	FERRY, NY 1052	2
•	04/29/2016		L160000	84454	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)	JOHN DIBARI				
5. (u	Registered Agent and Registered Office shown on the records of	f the Florid	la Dept. of Stat	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		_	-1 -	
	8202 MARABELLA VIEW COURT		_	3	SECONOMIC SECONO
	ORLANDO , F	_L 32817	7-		
(b)	JOHN DIBARI			ří gaz	
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
			.,	RIDA	5.59 5.59
	NEW Registered Office Address:			_	
	8201 MARBELLA VIEW COURT			_	
	ORLANDO	_L 32817	7		
	,F	L		_	بر
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the reg liability of of the li e limited	ristered offic company, it i mited liabili	ce and the business off is hereby confirmed the ty company or as othe mpany. RI	fice of the registered hat the change(s) erwise provided in
_	nature of a member or authorized representative of a member			Printed or typed name o	_
provi the ol to me notifi	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provided rely reflect a change in the registered office address, and in writing of this change. Ture of Registered Agent	gree to a le perfori led for in I hereby	ct in this cap mance of my Chapter 60 confirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc t the limited liability c	to comply with the liar with and accept ument is being filed ompany has been
Signa	rare of trektoreted Whenir				

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