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(Requesto	or's Name)	
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(D	T . 1/2 . 11	
(Business	Entity Name)	
(Documer	nt Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DNR SURVICES LLC	mited Liability Company	
rane or E	mice Emonity Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Dlanes return-all-correspondence concerning this matte	er to the following:	
Dennis N. Roupi Name of Person		
INR Services LLC Firm/Company		
3811 mc Cloud St. Address		
New Port Richey, FL 340 City/State and Zip Code	<u>055</u>	
Getantservices e ama; E-mail address: (to be used for future annual repo	. COmport notification)	
For further information concerning this matter, please	call:	
Belinda Rouge at (570) 951.5424 Area Code & Daytime Telephone 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:		
Ճ \$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.

1. Name of the limited liability company 3811 Mc Cloud St 2. (a) New Port Richey, Principal office address of limited (Note: MUST BE STREET)	FL 34655 (b)	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	ny:
3. Date of filing/registration 5. (a) United States Con		0000098958 Document number	
Registered Agent and Registered Office states and Registered Office Address (MUST BE) Tampa (b) Dennis N. Row	hown on the records of the Florida De Oak Cowt FLORIDA STREET ADDRESS! FL 336	19 HAY - 3	
Enter name of NEW Registered Agent at 3811 W.C. Cloud S. NEW Registered Office Address: New Port Riche	<u>}</u>	6: 49	-
If the limited liability company is not orga the change or changes are made, the Floric agent will be identical. Or, in the case of a	nized under the laws of the Sta la street address of the register a Florida limited liability comp e of the members of the limited g agreement of the limited liab.	te of Florida, it is hereby confirmed that af ed office and the business office of the regi any, it is hereby confirmed that the change I liability company or as otherwise provide	stered
Thereby accept the appointment as registe	arad agant and agree to get in	rinted or typed name of signee this capacity. I further agree to comply wit e of my duties, and I am familiar with and a pter 605, F.S. Or, if this document is being rm that the limited liability company has be	th the tocept filed een