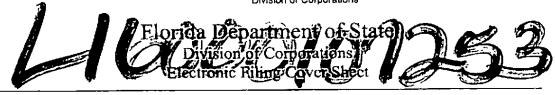
3/1/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.	SS - 10

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. FAEHNER, ESQ. LLC

Account Number : I20170000081

Fax Number

: (727)443-5190 : (727)474-9949

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE DDND LLC

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DDND LLC	
Name of	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Michael J. Faehner	
Name of Person	· - · · · · · · · · · · · · · · · · · ·
M. Faehner, Esq. LLC	
Firm/Company	
600 Bypass Drive, Suite 100	
Address	
Clearwater, FL 33764	
City/State and Zip Code	
filings@mfaehner.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Michael J. Faehner	727 443-5190
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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tananassee, Fronta 52514
Enclosed is a check for the following am	nount:
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
TARIE 19 (2/14)	

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.

i. Na	ame of the limited liability company: DDND LLC			
		r)	o)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	17000 GULF BLVD. #5 NORTH		17000 G	SULF BLVD. #5 NORTH
	NORTH REDINGTON BEACH, FL 33708		NORTH	REDINGTON BEACH, FL 33708
	06/02/2016		LI	6000107253
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	• :
	FAEHNER, MICHAEL J ESQ.			•
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	27 	T. 6 5
	600 BYPASS DRIVE, SUITE 100			
	CLEARWATER , FI	33764		東 東 下 に に に に に に に に に に に に に
				ED P
(b)	Enter name of NEW Registered Agent and/or NEW Registered			記せり
	Enter name of NEW Registered Agent and/or NEW Registered	d Office no	<u>ldress</u> :	SE S
	M. FAEHNER, ESQ. LLC			DA I
	NEW Registered Office Address:			•
	600 BYPASS DRIVE, SUITE 100			_
	CLEARWATER EI	33764	•	
the cha agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the interest of a member or authorized representative of a member	ws of the fine regisability cof the limited	e State of Floistered office ompany, it is nited liability liability con chael J. Fa	e and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in appany. Behner, Esq. Printed or typed name of signee Printed or typed name of signee
provis the ob- to mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by the control of the registered office address. It is not the proper of the proper and complete address. It is not the proper of the proper and complete address. It is not the proper and complete address and proper and complete address and proper and complete address.	e perjorn ed for in	tance of my Chapter 60°	auttes, and Lam jamittar with and accep 5 F.S. Or if this document is being filed
Signati	ure of Registered Agent			
	Division of Corporations P.O.	Box 632	7 Tallaha	ssee EL 32314

FILING FEE: \$25.00