## L16000 124401

(Req	uestor's Name)	<u>.</u>
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		;
		•

Office Use Only



400287777004

07/15/16--01012--020 \*\*25.00

16 JUL 15 PM 1: 24

JUL 18 2016 S. YOUNG

## **COVER LETTER**

	sion of Corporations			
SUBJECT:	Davis Premier Homes, LLC	a of Limites	Liability Company	
		ie of Limited	Liability Company	
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Offi	ice Change a	nd fee(s) are submitted for filing.	
Please return	all correspondence concerning th	is matter to t	ne following:	
Nickeya D	davis			
	Name of Person		<del>-</del>	
Davis Pre	mier Homes, LLC			
	Firm/Company			
12231 NV	V 30th Manor			
	Address			16 JUL
Sunrise/F	lorida 33323			JL 15
	City/State and Zip Code		<u></u>	PH
Davis1sth	ome@gmail.com			1: 24
E-mail	address: (to be used for future and	nual report ne	tification)	1,2
For further i	information concerning this matter.	, please call:		
Nickeya D	Davis	954	551-8301	
	Name of Person	(	Area Code & Daytime Telephone Number	
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section dision of Corporations from Building 1 Executive Center Circle dahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enc	closed is a check for the following	g amount:		
☑ \$	325 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.

		(b) _				<u> </u>	
. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	06/29/2016		L16000124	401 	<u>-</u>		
	Date of filing/registration in Florida	4.	Docu	iment number			
. (a)	Barbara Perry						
. ()	Registered Agent and Registered Office shown on the records of	the Florida De	pt, of State:		क	E SE	
	Corporation Service Company				ی	CRE	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			JUL 15	家型	
	1201 Hays Street						
	Tallahassee , FI	32301			PH I:	2 m	
(b)	Nickeya Davis				42		
,	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	<u>ss</u> :				
	Nickeya Davis						
	NEW Registered Office Address:						
	12231 NW 30th Manor						
	Sunrise . FI	_33323					
he ch igent was/w	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 I were authorized by an affirmative vote of the members licles of organization or the operating agreement of the	ws of the St f the registe iability com of the limite	red office and pany, it is here d liability con	the business off by confirmed the npany or as othe	fice of the hat the cha	registered nge(s)	
	n Dala	Nicke	ya Davis		<u>.</u>		
_	ature of a member or authorized representative of a member	_		ed or typed name o	_		
I here provis the ob	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I	ree to act in e performan ed for in Ch	this capacity. ce of my dutie apter 605, F.S	I further agrees, and I am famile. Or, if this doc	to comply liar with a rument is b	y with the ind accep eing filed	

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