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CRETAKEOFSTATE LLAHASSEE, FLORIDA

S. WARREN SEP 1 5 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: D & B MANUFACTURING			
) i	lame of Limited Liab	ility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee	e(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the fol	lowing:	
JENNIFER FRYE			
Name of Person			
A BETTER BUSINESS LLC			
Firm/Company			
119 E DR M L KING JR BLVD	1		
Address			
BROOKSVILLE, FL 34601			
City/State and Zip Code			
BETTERBUSINESSLLC@GMAIL.CO	ÖM M		
E-mail address: (to be used for future a	inual report notifica	tion)	
For further information concerning this matter	ier, please call:		
DAVID HOWELL	352	584-7894	
Name of Person	1	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 32301	Tallahassee, Florida 32314		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

■ \$25 Filing Fee

Enclosed is a check for the following amount:

*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. N	 Vame of the limited liability company	limited liability company				
2. (a)		l	(b	ı)		
2. (u)	Principal office address of limited li (Note: MUST BE STREET				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	22456 CORTEZ BLVD	i i		22456 CORTEZ BLVD		
	BROOKSVILLE, FL 34601			BROOK	SVILLE, FL 34601	
	08/24/2016			L160001	58607	
3.	Date of filing/registration i	n Florida	4.		Document number	
5. (a)				_	
	Registered Agent and Registered Office sho UNITED STATES CORPORA	i (s of the Florida	Dept. of State	e:	
	Registered Office Address (MUST BE)	LORIDA STRE	ET ADDRESS	<u> </u>	- 	
	13302 WINDING OAK COUP	kir A			77 S SECI	
	TAMPA	<u></u>	FL 33612		ACC P	
(b)					LED A AA SSEE, F	
(0,	Enter name of NEW Registered Agent and	or NEW Registe	ered Office ad	dress:	1 9: FLOO	
	A BETTER BUSINESS LLC				RIDA	
	NEW Registered Office Address:	1			•	
	119 E DR M L KING JR BLVI				_	
	BROOKSVILLE		FL_34601			
the chagent was/w	will be identical. Or, in the case of a	street address Florida limited of the membe	s of the regis d liability co rs of the lim the limited l	stered office ompany, it is ited liability	c and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
Sign	ature of a member or authorized representative	of a member			Printed or typed name of signee	
provis the ob- to men notifie	sions of all statutes relative to the proj	për and compl	ete perform	ance of my i	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been	

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

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