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(Requestor's Name)								
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(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(2.10)(1.00)								
(Document Number)								
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Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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MAR 24 2017 S. YOUNG



COVER LETTER

	Registration S Division of Co								
SUBJE	CT: DK	FILIPINO	GROCE	24	STOPE	LLC			
SOBJE	Name of Limited Liability Company								
Dear Si	r or Madam:								
The enc	losed Register	ed Agent/Registered	Office Change	e and fee	e(s) are submit	tted for filing.			
Please re	eturn all corre	spondence concernin	g this matter to	o the foll	lowing:				
V	EHUC ,	F. Casuc	<i>3a</i>						
	**	Name of Person							
DK	FICIPINO	GLUCERY	STODE	LIC					
		Firm/Company							
201	W. WEW	WGRKING	1001 PD	STE	142				
		Address							
PEN	sacola	FLORIDO	7 32	06					
/ 	C	ity/State and Zip Coo	de						
		DRE D GHAIL							
E-	mail address: (to be used for future	annual report	notifica	tion)				
For furt	her informatio	n concerning this ma	tter, please cal	11:					
VEN	NS F.	Casusa	at (_ d	20)	696-	9226 Daytime Telephone Number			
	Name	of Person		F	Area Code & I	Daytime Telephone Number			
		URIER ADDRESS	:		LING ADDRI				
Registration Section				Registration Section Division of Corporations					
	Division of Co				ion of Corpora 3ox 6327	itions			
	Clifton Buildi	ng /e Center Circle			30x 0327 nassee, Florida	32314			
	Tallahassee, F			Tanai	iassee, i forfar	1 323 14			
	Enclosed is a	check for the follow	ving amount:						
	¥\$25 Filing	Fee		□ \$55 I	Filing Fee & C	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.

	ame of the limited liability company: DK FILIP.						
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	201 XI KIEW WARRIXIGTON PD STE	142 201	N NOW) WARDINGTON	PD STE / 4		
	DENSACOLA PLODING \$2506	DEN	09CO19	PLODIDA	32506		
	09/20/2016	L 160	00017	5230			
	Date of filing/registration in Florida	4.	Docu	ment number			
. (a)	ROCKWELL ACCOUNTING LLC						
. (4)	Registered Agent and Registered Office shown on the records of the	Florida Dept. of	State:		_		
	912 W MICHIGAN ONE				∃ ≥S		
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)			4		
					No.		
	PENSACOLA, FL_	3250	4		23 PM		
(b)	VENUS F. Casusa		_ _		3: 53		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice address:			ω .≅"		
	NEW Registered Office Address:	·•					
	201 N. NEW WARRINGTON	RD ST	<u> </u>)			
	DERSACOLA, FL	320	6				
ne cha gent v vas/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab tere authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the limited liab	ne registered of ility company, the limited liab	fice and to it is hereboility comp	he business office or by confirmed that the	of the registered he change(s)		
	to Caro (u)	VENU	S F.	Casusa d or typed name of sign			
_	ature of a member of authorized representative of a member						
here rovis he ob mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided j ely reflect a change in the registered office address, I he ed in writing of this change.	e to act in this c erformance of i for in Chapter reby confirm ti	capacity. my duties, 605, F.S. hat the lin	I further agree to c and I am familiar Or, if this docume nited liability comp	comply with the with and accept nt is heing filed cany has been		

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

Signature of Registered Agent