

06/22/2018 6/22/2018 15:26 Seminole Title

Division of Corporations

Florida Department of State

Division of Corporations
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LLC REGISTERED AGENT CHANGE DUPLIX LLC

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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. Na	me of the limited liability company: DUPLIX LLC			
	8640 Seminole Boulevard	Œ	(b) 3916 North Potsdam Avenue # 1808	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STRBET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)	
	Seminole, FL 33772	_	Sioux Falls, SD 57104	
	September 21, 2016	_	L16000176776	
3,	Date of filing/registration in Florida	4.	Document number	
5. (a)	Peter T. Hofstra			
	Registered Agent and Registered Office shown on the records of 8640 Serninole Bivd. Registered Office Address (MUST BE FLORIDA STREET.)		<u>.</u>	
(b)	Seminole FL DeLoach, Hofstra & Cavonis, P.A.			
11	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 8640 Seminole Blvd.	Office ad		
	NEW Registered Office Address:		0.4 F	
	Seminole, FI	33772	•	
the che	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability of the ling limited	company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.	
Signe	ture of a member drauthprized representative of a member	·	Printed or typed name of signee	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and ag ions of all statutes felative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform ed for in hereby c	ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been	
Sia-a-	ire of Registered Agent			
Jugan		Day 622	Talloharess WI 32314	
	Division of Corporations P.O. FILING F			