LI6 000 183292

(Req	uestor's Name)	
(Add	ress)	
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(Cîty/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	M(207)
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	DONLEY SYSTEMS, LLC			
		ne of Limited	Liability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	fice Change ar	nd fee(s) are submitted for f	ĭling.
Please	return all correspondence concerning th	is matter to th	e following:	
Sydr	ney Grice			
	Name of Person			
Ande	erson Business Advisors			2027
	Firm/Company			22 APR 2
3225	McLeod Drive, #100			27
	Address			
Las \	Vegas, NV 89121			· · · · · · · · · · · · · · · · · · ·
	City/State and Zip Code			
га@a	andersonadvisors.com			
 -i	E-mail address: (to be used for future am	nual report not	ification)	
For fu	rther information concerning this matter	, please call:		
Sydn	ney Grice	800	7064741	
-	Name of Person	ar (Area Code & Daytime	Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R E P	HAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified (Copy

STÅTEMENT 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

1932 Dr. MLK Way		(b)	1344 Worceste	er Trl		
Principal office address of limited liab (Note: MUST BE STREET AD		_	-	klress of limited MAY BE POST	_	
SARASOTA, FL 34234			MCDONOUGH	I. GA 3025	3	
10/1/2016		– – L1	6000183292			
Date of filing/registration in I	Florida	4.	Docum	ent number		
WILLIAMS, DEXTER B						
Registered Office Address (MUST BE FLA	ORIDA STREET A	DDRESS)	ept. of State:	;n	2û	
Registered Office Address (MUST BE FLO				73- 73- 73- 73- 73- 73- 73- 73- 73- 73-	2022 N	E2,***
Registered Office Address 13020 PRESTWICK RIVERVIEW Anderson Registered Agents Ar	FL_	33579	· 	20 NE 1 NE 2	2022 APR 27	E Z, ****
Registered Office Address OMUST BE FLOTISTICS 13020 PRESTWICK RIVERVIEW Anderson Registered Agents, In	. FL_	33579			27 PH	**************************************
Registered Office Address 13020 PRESTWICK RIVERVIEW Anderson Registered Agents Ar	. FL_ IC. NEW Registered (33579		TANK TO THE PERSON OF THE PERS	27	es, m
Registered Office Address 13020 PRESTWICK RIVERVIEW Anderson Registered Agents, In Enter name of NEW Registered Agent and/or	. FL_ IC. NEW Registered (33579		CONTRACT OF THE PERSON OF THE	27 PH	4

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

"NOT All sugment by Notices Lance.

Lite con-temperature is not a most come could be come to the come could be come to the come could be come to the come of the c Sydney Grice Signature of a member or authorized representative of a member

Sydney Grice

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect achieves the registered office address. I hereby confirm that the limited liability company has been my filed in priving of the change. notified in writing of this change.
A. T. Mathis.
President Control of the change of t

Signature of Registered Agent