

L16080199297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

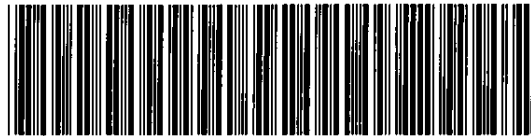
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2017 MAY -4 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA
RECEIVED
DEPARTMENT OF STATE
17 MAY -4 AM 9:09

M. MILLIGAN
MAY - 5 2017

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserve.com
e-mail: info@incserve.com



ORDER FORM

TO: Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM: Melissa Stops
mstops@incserve.com
850.656.7953

REQUEST DATE: 5/4/2017

PRIORITY: Routine

OUR REF # (Order ID#): 574087

ORDER ENTITY:
DAVID 6918 LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DAVID 6918 LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: FCA000000031

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in cursive script that reads "Melissa".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. Name of the limited liability company: David 6918 LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

6918 US Highway 19

same

New Port Richey, FL 34652

10/28/2016

L160000199297

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Frank A. Lafalce

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

201 N. Franklin St. Ste 2800

Tampa, FL 33602

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Michael R. David

NEW Registered Office Address:

6918 US Highway 19

New Port Richey, FL 34652

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

Michael R. David
Signature of a member or authorized representative of a member

Michael R. David
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 a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michael R. David
Signature of Registered Agent

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

FILED
2017 MAY -4 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA