LIG 000212878

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COVER LETTER

TO:	Registration Section
	Division of Corporations

Damron Design LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurie Damron

Name of Person

Firm/Company

4592 Glenbrook Circe

Address

Palm Harbor, FL 34683

City/State and Zip Code

lauriedamron@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie Damron	949 466-5008 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
	Tallanassee, FL 32303

Enclosed is a check for the following amount:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

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.

(a)		(b)				
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>)			
	4592 Glenbrook Circle	4592	2 Glenbrook Circle			
	Palm Harbor, FL 34683	Palm	1 Harbor. FL 34683			
	11/21/2016	L1600	00212878			
	Date of filing/registration in Florida	4.	Document number			
(a)	United States Corporation Agents, INC					
(4)	Registered Agent and Registered Office shown on the recor	ds of the Florida Dept. o	of State:			
	United Sates Corporation Agents, INC					
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)				
	5575 S Semoran Blvd, Suite 36		201 TAC			
	Orlando	. FL	2019 DEC			
(b)	Laurie Damron		SSEE			
, <i>,</i>	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Office address:				
	NEW Registered Office Address:		F			
	4592 Glenbrook Circle		, <u> </u>			
		_, FL				

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.

nember or authorized representative of a member na**trire of** a

Gregory Damron

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.

anne Signature of Registered Agent

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

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