## 116000218268

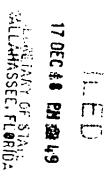
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



500305787155

12/18/17--01025--084 \*+25.00



DEC 1 9 2017 Y SULK年9

## **COVER LETTER**

	egistration Section vision of Corporations			
SUBJECT	D'ZINED TUFF LLC			
Name of Limited Liability Company				
Dear Sir o	r Madam:			
The enclos	sed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please retu	irn all correspondence concerning this matter	r to the following:		
DAVID H	IERRERA			
	Name of Person	<del></del>		
D'ZINED	TUFF LLC			
	Firm/Company			
637 N FI	RWOOD DR			
	Address			
DELTON	IA FL 32725			
	City/State and Zip Code	<del></del>		
ZETA_H	ERRERA@YAHOO.COM			
E-ma	il address: (to be used for future annual repo	rt notification)		
For further	information concerning this matter, please of	call:		
DAVID H	IERRERA at (	386-479-5223		
	Name of Person	Area Code & Daytime Telephone Number		
Re Di Cl 26	REET/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle Illahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Er	Enclosed is a check for the following amount:			
Ø	\$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.

1. Na	me of the limited liability company: D'ZINED TO	UFF LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	637 N FIRWOOD DR	637	N FIRWOOD DR
	DELTONA FL 32725	DEL	TONA FL 32725
	12/12/2017	L160	00218268
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ZEIDA HERRERA		
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	f State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	637 N FIRWOOD DR		£ } <del>-</del>
	DELTONA	FL_32725	7 DEC
(b)	DAVID HERRERA		S = #
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	SEE, FLAR
	NEW Registered Office Address:		ANDA S
	637 N FIRWOOD DR		
	DELTONA	FL_32725	
the cha agent w was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the member cles of organization or the operating agreement of the	of the registered of Hiability company is of the limited lia he limited liability	office and the business office of the registered t, it is hereby confirmed that the change(s) sbility company or as otherwise provided in
Signal	ture of a member or authorized representative of a member	<del></del>	Printed or typed name of signee
provisi the ohl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, I in writing of this change.	ete performance of ided for in Chapter	f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed
Signatu	re of Registered Agent		

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