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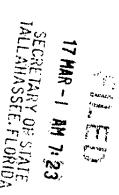
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2017

DANIEL DAVIS 9731 NOROAD JACKSONVILLE, FL 32210

SUBJECT: DAVIS INSTALLATIONS OF FLA, LLC

Ref. Number: L16000220610



We have received your document for DAVIS INSTALLATIONS OF FLA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 217A00003303

COVER LETTER

Registration SectionDivision of Corporations						
SUBJECT: Davis Installations of FLALLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Daniel Davis Name of Person						
Davis Installation of FLALLC Firm/Company						
9731 Novoad Address						
Jocksonville FL 32210 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Daniel Davis at (904) 563 2102						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section Division of Corporations Division of Corporations						
Clifton Building P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32314						
Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
■ \$25 Filing Fee & Certified Copy						

INHS18 (2/14)

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. N	ame of the limited liability company: Davis	Insta	llations	of s	Flalle
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Dacksonville Fla. 32210	<u>qr</u>	Mailing address of I (Note: MAY BE 131 Nov	POST OFF	
3. 5. (a)	Date of filing/registration in Florida Davis Registered Agent and Registered Office shown on the records of the	4.	Document num		
(b)	Registered Office Address 2022 Eagle Point R Middleburg, FL Davis Enter name of NEW Registered Agent and/or NEW Registered Office Address: 9731 Novoad	100d 32068		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
signal I here provise the objet to meri	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of icles of organization or the operating agreement of the limiture of a member or authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete poligations of my position as registered agent as provided all yreflect a change in the registered office address, I he din writing of this change.	ne registered officility company, it the limited liability committed liability committed liability confictions are to act in this can	te and the busines is hereby confirm ty company or as mpany. Printed or typed noacity. I further of	ss office of ned that the otherwise	f the registered e change(s) e provided in

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

Signature of Registered Agent