117000001566

(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400296255284

03/13/17--01018--016 **25.00

FILED
2017 MAR 13 PK 2: 02
SEURETARY DE STATE

K. SALY MAR 1 5 2017

COVER LETTER

TO: Registration Section Division of Corporations	6
SUBJECT: Dew Law Grove PUL Name of Limited Liability C	Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) a	re submitted for filing.
Please return all correspondence concerning this matter to the following	g:
Amanda Dean	
Name of Person	
Dean Law Group, PUC Firm/Company	
111 Nature Walk Parkway, Ste.	107
51, Augustine FL 32092 City/State and Zip Code	
Amanda Qalan aw - grayp. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Amanda Dean at 904 u	51-5188 Code & Daytime Telephone Number
Registration Section Registration Division of Corporations Division of Clifton Building P.O. Box 6	Corporations
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.

1. N	ame of the limited liability company: Dean Law Group, PUC
2. (a)	
<i>2.</i> (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 111 Nature Walk Parkway, Ste. 107 St. Augustine, FL 32092 St. Augustine, FL 32092 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 111 Nature Walk Parkway, Ste. 107 St. Augustine, FL 32092
3. 5. (a)	Date of filing/registration in Florida Amanda V. Dean Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	751 Oak Street, Suite 602 Tacksmville, FL 32204 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Amanda V. Dean Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address: 11 Nature Walk Parkway, Ste. 107 St. Augustine , FL 32092
the chagent was/w	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cicles of organization or the operating agreement of the limited liability company.
I here provis the ob to mer notifie	mungly y, Deun agree of a member or authorized representative of a member Printed or typed name of signce by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been action writing of this change.

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