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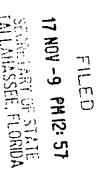
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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S. WARREN NOV 1 3 2017

COVER LETTER

Division of Corporations			
SUBJECT: 19dixied Liability Company Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Corey L JENKINS Name of Person 19 dixie du < +69			
19 dixiedus +69 Firm/Company			
1305 EAS+ 5th Street Address			
PANAMA City FL. 32401 City/State and Zip Code			
<u>redsonwatsonbayoupgmailicom</u> E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Corey L JENKins at (850) 252 612 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations			

Enclosed is a check for the following amount:

\$25 Filing Fee

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

TO:

Registration Section

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: 19 dixiedust	69
2. (a) 9043 Highway 231 (b) 904	
	(Note: MAY BE POST OFFICE BOX)
PANAMA City FLORIDA PANA	-MA City FL.
32404	32404
01/17/2017 L17	000013632
	Document number
5. (a) DAVIS, SHARON M	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
9043 Highway 231	
Registered Office Address (MUST BE-PLORIDA STREET ADDRESS)	
PANAMA CITY	1
(b) Jenkins, Coney L	FILE MASSE
Enter name of NEW Registered Agent and/or NEW Registered Office address:	E. FLOM Si
1305 EAST 5th Street	E: 5: LORIE
NEW Registered Office Address:	A
PANAMA City, FL 32401	
If the limited liability company is not organized under the laws of the State of Flor the change or changes are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability company.	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capal provisions of all statutes relative to the proper and complete performance of my description that the obligations of my position as registered agent as provided for in Chapter 605, to merely reflect a change in the registered office address, I hereby confirm that the notified in writing of this change	
Signature of Registered Agent	