L170000033542

(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:							

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08/24/20--91030--017 **25.00

SECRETARY OF STATE TALLAHASSEE, FL 2020 AUG 24 PM 1: 3

Ja 10/08/20

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	DALEON LLC		
	Nam	e of Limited Liabi	lity Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offic	ce Change and feet	(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the follo	owing:
M. Brad	dłey Luczak		
	Name of Person	· · · · - ·	
White &	& Luczak, P.A.		
	Firm/Company		
400 We	est Morse Blvd., Suite 230		
	Address		
Winter	Park, Florida 32789		
	City/State and Zip Code		
bluczak	@whiteluczak.com		
Е	-mail address: (to be used for future annu	al report notificati	on)
For furt	ther information concerning this matter, p	olease call:	
M. Brac	fley Luczak	407	647-9300
	Name of Person	Λ	rea Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	R D T 2	treet Address: Degistration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Tallahassee. FL 32303
	Enclosed is a check for the following a	imount:	
	■ \$25 Filing Fee	□ \$55 F	iling 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.

	ime of the limited liability company: DALEON LICE 3527 CR 526		3527 C	R 526	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET_ADDRESS)	((c)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Sumterville, FL 33585		Sumterv	ville, FL 33585	
	02/10/2017		 L1700003	33542	
3. 5. (a)	Date of filing/registration in Florida White & Luczak, P.A.	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat			tale:	
	Registered Office Address (MUST BE FLORIDA STREET) Suite 111	ADDRES.	2)	- 200 - 350 - 700	
	Winter Park, F	32789 L		2020 AUG 24 Tallaha	***
(b)	White & Luczak, P.A.			ιο	(
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	dress:	OF ST	
	400 West Morse Blvd			1: 33 FL FL	
	NEW Registered Office Address: Suite 230				
	Winter Park	1. ³²⁷⁸⁹			
thange igent w vas/we he artic	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization of the operating agreement of the	e registere lability co of the lim limited l	ed office a mpany, it ited liabil iability co	and the business office of the registe, is hereby confirmed that the change ity company or as otherwise provide	red e(s)
l hereb rovisio he obli o mere	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I in writing of this change.	ree to net	in this ca	pracity. I forther agree to comply wi	ith the accept g filed seen

Signature of Registered Agent