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| (Requestor's Name) | | | | | |
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| (Requestors Name) | | | | | |
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| PICK-UP | MAIT | MAIL | | | |
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| Certified Copies | Certificates | of Status | | | |
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| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | |
|--|---|--------------------------------------|---------------|----------|-------|--|--|
| DUDE MANAGEMENT, LL SUBJECT: | С | | | | | | |
| Name of Limited Liability Company | | | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered Of | fice Change | and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning the | nis matter to | the following: | | | | | |
| RYAN STURGIS | | | | | | | |
| Name of Person | | | | | | | |
| DUDE MANAGEMENT, LLC | | | | | | | |
| Firm/Company | | | | | | | |
| 102 NE 1ST AVENUE | | | | | | | |
| Address | | | | | | | |
| DELRAY BEACH, FL. 33444 | | | | | | | |
| City/State and Zip Code | | | | | | | |
| RSTURGIS@DELIVERYDUDES.COM | 1 | | | | | | |
| E-mail address: (to be used for future an | nual report r | notification) | ,)=- | ~ | | | |
| For further information concerning this matter | , please call | : | [- | 2618 DEC | | | |
| RYAN STURGIS | 561 | 900-7060 | | î | Fazz. | | |
| Name of Person | | Area Code & Daytime Telephone Numbe | <u>;</u> , | D | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | ₽ <u>₹</u> . • | ું. જ | Tip year | | | |
| Enclosed is a check for the following | g amount: | | | | | | |
| ≥ \$25 Filing Fee | | \$55 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. Na | ame of the limited liability company: DUDE MANAC | SEM. | ENT, LLC | <u> </u> |
|---------------------|--|--------------------|--|--|
| 2. (a) | 102 NE 1ST. AVENUE | | (b) 102 NE 1ST. AVENUE | |
| (-, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | (*) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | DELRAY BEACH, FL. | | DELR | AY BECAH, FL. |
| | 33444 | _ | 33444 | |
| | | _ | | |
| | 02/24/2017 | | L17000 | 044937 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | RICARD VIENS | | | _ |
| | Registered Agent and Registered Office shown on the records of the 102 NE 1ST. AVENUE DELRAY BECAH, FL | | • | tate: |
| | Registered Office Address (MUST BE FLORIDA STREET A) | | | <u> </u> |
| | 102 NE 1ST AVENUE | | | |
| | DELRAY BECAH .FL | 3344 | 4 | |
| | RYAN STURGIS | | | — |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered C | Office : | address: | |
| | | | | |
| | SAME | | | |
| | NEW Registered Office Address: | | | |
| | SAME | _ | _ | |
| | | | | |
| | , FL_ | | | _ |
| If the li | imited liability company is not organized under the law- inge or changes are made, the Florida street address of t | s of th | e State of I | Florida, it is hereby confirmed that after ice and the business office of the registered. |
| agent w | vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of | bility | company, i | t is hereby confirmed that the change(s) |
| the arti | cles of organization of the operating agreement of the li | imited | l liability c | ompany. |
| | 116 | | 12 | jan Sturgis |
| - (| pere of a member or withorized representative of a member | | , | Printed or typed name of Signee |
| provisio | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p | re to a perfor: | ct in this co mance of m Chapter 6 | apacity. I further agree to comply with the ty duties, and I am familiar with and accept 05 F.S. Ov. if this document is being fled. |
| to mere notified | ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change. | ereby | confirm the | at the limited liability company has been |
| | 5/// | | | |
| Signatu | re of Registered Agents | | | |
| | Division of Corporations • P.O. Bo | ox 63 | 27• Tallah | assee, FL 32314 |

FILING FEE: \$25.00