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To: Division of Corporations

Fax Number : (850)617-6383

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OB :			
	Account Name	;	REGISTERED AGENIS INC.
	Account Number	:	12009000081
	Phone	:	(307)200-2803
	Fax Number	:	(855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.* 3

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LLC REGISTERED AGENT CHANGE DLS DLLJ, LLC

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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: DLS DL	LJ, LLC				
2. (a)	24801 SW 130th Ave	(b) E	(b) 68 Miller Ave SW Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
2. (0)	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)					
	Apt 311	Unit 5				
	Homestead, FL 33032	Cedar Rapids, IA 52404				
	03/20/2017	Ľ	7000063717			
3.	Date of tiling/registration in Florida	4.	Document number			
5. (a)	MCMILLAN, TARA R					
2. <u>1</u> 07	Registered Agent and Registered Office shown on the records of the Florida Fept of State:					
	2512 DOMENICO PAUL WAY					
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRESS)</u>				
	ORLANDO	FL_32810	2201			
(b)	Registered Agents Inc.					
107	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Register</u>	red Office addru				
	3030 N. Rocky Point Dr.	. <i>.</i> .				
	NEW Registered Office Address		ço i co			
	STE 150A	:				
	Tampa	33607	· · · · ···-			
the ch agent	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited rere authorized by an affirmative vote of the member tic <u>les of organization</u> or the operating agreement of t	laws of the S of the registe Hability com s of the limits	pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in			
	Rithy Tak.	Riley	Park			
Sign	ature 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 capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been nutrified in scritting of this change.

Bell Hame - Assistant Secretary Bill Havre

Signature of Registered Agent

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