217000109119

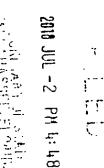
(Requestor's Name)						
(Address)						
Walter N						
(Address)						
(City/State/Zip/Phone #)						
_						
PICK-UP WAIT MAIL						
(Dunings Entity Norms)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



800315223218

07/03/18--01012--028 **25.00



B FIGUEROA JUL 0 9 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Dukes Building Management LLC					
	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Office Ch	nange and	fee(s) are submitted for filing.			
Please return	all correspondence concerning this mat	ter to the f	Ollowing:			
Joseph A.	Dukes					
	Name of Person		-			
Dukes Bui	lding Management LLC					
-	Firm/Company		_			
111 Wellin	gton Road					
	Address		_			
Fort Walto	n Beach, FL 32547					
	City/State and Zip Code		_			
gary@lam	alie.com					
E-mail	address: (to be used for future annual re	port notific	cation)			
For further in	nformation concerning this matter, pleas	e call:				
Joseph A.	Dukes at (850	830-0183			
	Name of Person		Area Code & Daytime Telephone Number			
STR	EET/COURIER ADDRESS:	MA	ILING ADDRESS:			
-	stration Section	Registration Section				
	sion of Corporations	Division of Corporations				
	on Building	P.O. Box 6327				
	Executive Center Circle hassee, Florida 32301	Tall	ahassee, Florida 32314			
Encl	osed is a check for the following amou	int:				
\$ (\$2	25 Filing Fee	□ \$55	5 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.

I. Na	nme of the limited liability company:	ng Manager	ment LLC			
2. (a)	111 Wellington Road	(b) 111 Wellington Road				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Fort Walton Beach, FL 32547			
	Fort Walton Beach, FL 32547	Fo				
	05/17/2017		7000109119			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	Incorp Services, Inc.					
(b)	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET AT 17888 67th Court North	t. of State:	2			
	-	00.470	<u> </u>	2816		
	Loxahatchee FL	33470		JUL -2		
	Joseph A. Dukes Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		JUL-2 PH 4:4			
	NEW Registered Office Address:		 :	o o		
	111 Wellington Road					
	Fort Walton Beach , FL	32547				
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member	the registere ability compa of the limited limited liabi	ed office and the business off any, it is hereby confirmed the liability company or as othe	fice of the registered nat the change(s) erwise provided in		
provisi the obl to mere notified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I is discounting of this change. The of Registered Agent	performance	e of my duties, and I am fami	liar with and accent		