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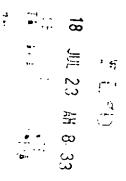
(Requestor's Name)				
(Address)				
	Address)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO:

INHS18 (2/14)

ŢО:	Registration Section Division of Corporations		
SUBJI	D' ROMAN DOG TRAINING	3 & BOARD	DING LLC
90190	Name of Limited Liability Company		
Dear S	Sir or Madam:		
The er	closed Registered Agent/Registered Of	fice Change a	and fee(s) are submitted for filing.
Please	return all correspondence concerning the	is matter to t	he following:
MAR	SHA SIHA		
	Name of Person		
INCF	ILE.COM LLC		
	Firm/Company		
1735	O STATE HWY 249 STE 220		
	Address		
HOU	STON, TX 77064		
	City/State and Zip Code		
EFILE	E1234@INCFILE.COM		
	E-mail address: (to be used for future and	nual report no	otification)
For fu	ther information concerning this matter	, please call:	
MAR	SHA SIHA	888	462-3453
	Name of Person	(Area Code & Daytime Telephone Number
	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
	Enclosed is a check for the following	g amount:	
	■ \$25 Filing Fee		\$55 Filing 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.

1. Na	me of the limited liability company: D' ROMAN D	OG TRAINING	& BOARDING LLC
2. (a)		(b)	
))	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of LEGALINC CORPORATE SERVICES, INC	-	
	Registered Office Address (MUST BE FLORIDA STREET) 5237 SUMMERLIN COMMONSSUITE 400		IL 23
	FORT MYERS . FI	33907	 ∞
(b)	Enter name of NEW Registered Agent and/or NEW Registered Jose Roman	l Office address:	<u>΄</u> ΄ ω
	NEW Registered Office Address:	-	_
	458 Flamingo Ct		
	Kissimmee, FL	34759	_
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered offi ability company, it of the limited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
	Jose Roman	Jose Roma	n - AMBR
I herei provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provide ally reflect a change in the registered office address. It in writing of this change. Jose Monumer of Registered Agent	ree to act in this ca performance of m d for in Chapter 6t hereby confirm tha	Printed or typed name of signee upacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been