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ALLAHASSEE, FLORIO?

COVER LETTER

C	COVER LETTER
TO: Registration Section Division of Corporations	
Darby's ACR Upolstery, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	iter to the following:
Darby R. Houser	
Name of Person	
Darby's ACR Upholstery, LLC	
Firm/Company	
13 Lori St.	
Address	
Inglis, FL 34449	
City/State and Zip Code	
2drbhouser@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Darby R. Houser	352 804-4918
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 amou	unt:
☑ \$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. 1	Name of the limited liability company: Darby's AC	CR Upholstery,	LLC	
2. (a	13 Lori St. Inglis, FL 34449	(b) 13	(b) 13 Lori St., Inglis, FL 34449	
	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.	08/03/2017 Date of filing/registration in Florida	L170	000164191 Document number	
J.	Billy A. Brakefield	4.	170cunen nunoci	
5. (a	Registered Agent and Registered Office shown on the records Registered Office Address	·	of State:	
	Inglis	34449		
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Darby R. Houser <u>NEW</u> Registered Office Address:	ered Office <u>address</u> :	OCT 30 AH 7: AHASSELFILO	
	13 Lori St.		RIDE SO	
	Inglis	.FL <u>34449</u>		
the chagent was/w the ar	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the language of Amember of authorized representative of a member	s of the registered d liability compan ers of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. Houser	
I here provis the of to med notifie	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comploligations of my position as registered agent as proved reflect a change in the registered office addressed in writing of this change.	agree to act in thi lete performance of ided for in Chapte of thereby confirm	Printed or typed name of signees s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been	

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