

L17000189655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

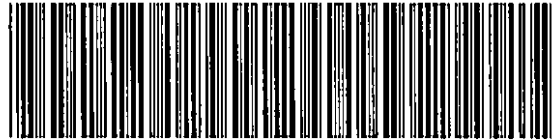
(Business Entity Name)

(Document Number)

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AND
FILED
2019 APR 29 PM 4:31
SECRETARY OF STATE
301 MARKET STREET
HARRISBURG, PA 17103

T GLASS
MAY 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DORY FAXON REALTY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RALPH J. DELEO, CPA
Name of Person

RALPH J. DELEO, CPA INC
Firm/Company

401 SE SOUTHWOOD TRAIL
Address

STUART
City/State and Zip Code

TAXMAN1215@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA OR RALPH at (561) 268-2808
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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: DORY FAXON REALTY, LLC

2. (a) DORY FAXON REALTY, LLC (b) DORY FAXON REALTY, LLC

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

11538 GREEN BAYBERRY DRIVE
PALM BEACH GARDENS, FL 33418

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PALM BEACH GARDENS, FL 33418

12/05/2017

L17000189655

3. Date of filing/registration in Florida

4. Document number

5. (a) RALPH J. DELEO, CPA INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

11538 GREEN BAYBERRY DRIVE
PALM BEACH GARDENS, FL 33418

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STATE OF FLORIDA
DEPARTMENT OF STATE

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

401 SE SOUTHWOOD TRAIL

STUART, FL 34997

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dorothea Faxon
Signature of a member or authorized representative of a member

DOROTHEA FAXON
Printed or typed name of signer

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 notified in writing of this change.

[Signature]
Signature of Registered Agent