

Division of Corporations



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H190001186693ABC8

To:						
	Division of Corporations					
	Fax Number : (850)617-6383					
From:						
	Account Name : REGISTERED AGENTS INC.					
	Account Number : I2009000081					
	Phone : (307)200-2803					
	Fax Number : (855)330-1010					

Email Address:_ LLC REGISTERED AGENT CHANGE **DVICELAND LLC** Certificate of Status Certified Copy 02 Page Count \$25.00 Estimated Charge

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Help

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	time of the limited liability company: Dviceland	<u> </u>	<u>C</u>	· · · · · · · · · · · · · · · · · · ·		
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)			
	12080 Moss Dr.		7901 4th St N STE 300			
	Fort Myers FL 33908		St. Petersburg FL 33702			
	11/22/2017		L170002	41045		
3.	Date of filing/registration in Florida	4.	I	Document number		
5. (a)	UNITED STATES CORPORATION AGENTS	s, INC	•	-		
2. (11)	Registered Agent and Registered Office shown on the records of t	he Florio	la Dept of State	74 6		
	13302 WINDING OAK COURT					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			語る工		
	SUITE A			ELED EN 10 P		
	TAMPA33612			and the second s		
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	Office a	ddress:	9: 03		
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	3370	2			
the cha agent v was/w the art	imited liability company is not organized under the layinge 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 organization or the operating agreement of the	the regability of the li- limited	istered office company, it is mited liability liability compley Park	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
_	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisa the obtainer	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is writing of this change. Bill Havre - Assistan	perjori d for in hereby	nance of my a Chapter 605, confirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed in limited liability company has been		

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

Signature of Registered Agent