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COVER LETTER

COVER	LETTER	
TO: Registration Section Division of Corporations	Liability Company	
Daniel Kolinski LLC SUBJECT:		
	Liability Company	
Dear Sir or Madam:	%	
The enclosed Registered Agent/Registered Office Change ar		
Please return all correspondence concerning this matter to th	c following:	
Daniel Kolinski		
Name of Person		
Firm/Company		
2808 NE 3rd Ave		
Address		
Cape Coral FL 33909		
City/State and Zip Code		
danthemancaperealty@gmail.com, ericakolinski@gmail.com		
E-mail address: (to be used for future annual report no	lification)	
For further information concerning this matter, please call:		
Daniel Kolinski 239	699-6052	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following 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.

I. No	nme of the limited liability company: Daniel Kolinski	LLC	
2. (a)		(b)	
(,	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)
	2808 NE 3rd Ave		
	Cape Coral FL 33909		
3.	Date of filing/registration in Florida	— _{4.} ——	Document number
5. (a)	UNITED STATES CORPORATION ACENTS INC		
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. c	of State:
	Registered Office Address	T ADDRESS)	
	ORLANDO . F	L_32822	
• (b)	Erica Kolinski		30
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address:	20 JAH 30 PH 3: 12
	NEW Registered Office Address:		
	2808 NE 3rd Ave		
	Cape Coral, F	.L	
change agent v was/wo	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited leave authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e registered offic iability company of the limited lia	te and the business office of the registered to it is hereby confirmed that the change(s) ability company or as otherwise provided in the company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provided yreflect a change in the registered office address. It is writing of this change.	rce to act in this e performance of ed for in Chapter hereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatu	re of Registered Agent		