

## L1800003845Z

Office Use Only



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## COVER LETTER

TO:	Registration Division of 0	Section Corporations				
SUBJ	ECT:	Davidanddeb	obie. Net, LLC			
		Name	of Limited Liability Company			
Dear 9	Sir or Madam:					
The e	nclosed Regist	ered Agent/Registered Offic	e Change and fee(s) are submitted for filing.			
Please	e return all corr	respondence concerning this	matter to the following:			
(	<u>Debbie</u>	Sign Ph. Name of Person				
		Name of Person				
_Dc	widard	debbie net, U. Firm/Company	<u></u>			
	360 La	Havre Ct Address	, 4			
<u></u>	hereitt	TS land 1 <sup>2</sup> 32 City/State and Zip Code	.953		2018 558 -	•
_d	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
For fu	irther informati	on concerning this matter, p	lease call:	• •	: 27	
	Deb bie	Smith	at (321 ) 338-2953			
	Nan	ne of Person	Area Code & Daytime Telephone	: Number		
	Registration Division of Clifton Build 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is	a check for the following a	mount:			
	S25 Filing	g 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: David are	el Dehi	oie. N.	il, uc	
2. (a)	360	_ (b) _			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*/	,\	Mailing address of limi (Note: MAY BE PO	ited liability company: OST OFFICE BOX)
	360 La Hauce Ct		2	ame	
	Ment Foland FL 32953				
	F4b. 12, 2018  Date of filing/registration in Florida		L18	30000384	15a
3.	Date of filing/registration in Florida	4.		Document number	r
5. (a)	Cheyenne Moseley Registered Agent and Registered Office shown on the records of the			,	
		ie Florida De	pt. of State	::	
	U.S. Corp Agents				
	Registered Office Address (MUST BE FLORIDA STREET A.				
	13302 Winding Oak Ct.	A			C2
	Tampa FL	336	ı la		70 = 177 -71 (1) = 188
(b)	Enter name of NEW Registered Agent and/or NEW Registered (	Office addres			The state of the s
			_		T. T
	340 La Haure Ct				2
	NEW Registered Office Address:				ζ,
	Mocritt Island				
	, FL_	3295	3		
the cha agent v was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he register bility comp `the limited	red office pany, it is d liability	c and the business of s hereby confirmed y company or as of	office of the registered data the change(s)
1	)		Deb.	Printed or typed nam	
_	ure of a member or authorized representative of a member	<del>*************************************</del>			_
provisi the obl to merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	e to act in performance for in Cha pereby conf	this cape se of my c upter 605 irm that i	icity. I further agg hities, and I am fa . F.S. Or, if this d the limited liability	ree to comply with the miliar with and accept locument is being filed y company has been

Signature of Registered Agent