## 118-000041554

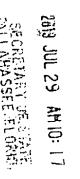
| (Re                                     | equestor's Name)                      |      |  |  |
|---|---------------------------------------|------|--|--|
| (Ad                                     | dress)                                |      |  |  |
| (Ád                                     | dress)                                |      |  |  |
| (Cit                                    | ty/State/Zip/Phone                    | : #) |  |  |
| PICK-UP                                 | ☐ WAIT                                | MAIL |  |  |
| (Business Entity Name)                  |                                       |      |  |  |
| (Document Number)                       |                                       |      |  |  |
| Certified Copies                        | rtified Copies Certificates of Status |      |  |  |
| Special Instructions to Filing Officer: |                                       |      |  |  |
|   |                                       |      |  |  |
|   |                                       |      |  |  |
|   |                                       |      |  |  |

Office Use Only



07/38/19--01006--021 \*\*25.00

PECENTED
JUL 20 200



## **COVER LETTER**

|  | COVERI         | LETTER   |                    |
|--|----------------|--|--------------------|
| TO: Registration Section Division of Corporations  |                | وي و و و و و و و و و و و و و و و و و و   | THE WAS ESTATED TO |
| DPS GOVERNMENT SERVI   | CES LLC        | 73   | 200                |
|  | of Limited I   | Liability Company  | 10 m               |
| Dear Sir or Madam:   |                |  |                    |
| The enclosed Registered Agent/Registered Offic   | e Change and   | d fee(s) are submitted for filing.   | ν,                 |
| Please return all correspondence concerning this   | matter to the  | e following:   |                    |
| YOHANNES G. NEGGA (CEO)  |                |  |                    |
| Name of Person   |                | <del></del>  |                    |
| DPS GOVERNMENT SERVICES LLC  |                |  |                    |
| Firm/Company   |                | <del></del>  |                    |
| 601 S GOMEZ AVE  |                |  |                    |
| Address  |                | <del></del>  |                    |
| TAMPA, FL 33609  |                |  |                    |
| City/State and Zip Code  |                | <del></del>  |                    |
| YNEGGA@GMAIL.COM   |                |  |                    |
| E-mail address: (to be used for future annu  | al report noti | fication)  |                    |
| For further information concerning this matter, p  | olease call:   |  |                    |
| YOHANNES NEGGA   | 619            | 2484215  |                    |
| Name of Person   | (              | Area Code & Daytime Telephone Number   | r                  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | R<br>D<br>P.   | IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314 |                    |
| Enclosed is a check for the following a  | imount:        |  |                    |

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**☑** \$25 Filing Fee

## 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.

|       | ne of the limited liability company:  |                                     |   |
|-------|---|-------------------------------------|---|
| (-/ _ | 301 S GOMEZ AVE TAMPA FL 33609  | (b) 601 S C                         | SOMEZ AVE TAMPA FL 33609  |
|       | Principal office address of limited liability compa<br>(Note: MUST BE STREET ADDRESS) |                                     | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |
|       |   |                                     |   |
| 2     | 2/18/2018   | L18                                 | 3000041554  |
| _     | Date of filing/registration in Florida  | 4.                                  | Document number   |
| (a)   | Nick Pusta  |                                     |   |
| –     | Registered Agent and Registered Office shown on the re-                               | ecords of the Florida Dept. of Stat | -<br>e:   |
|       | 1030 Arlington Ave, North, St. Petersb  | ourg, FL 33705                      |   |
| F     | Registered Office Address (MUST BE FLORIDA ST   | TREET ADDRESS)                      | _   |
| _     |   |                                     | _   |
|       |   | . FL                                | -3  |
| _     |   | ····                                | · 经 题   |
| (b) _ | YOHANNES NEGGA  |                                     |   |
| Е     | Enter name of NEW Registered Agent and/or NEW Re                                      | egistered Office address:           | F-1 29  |
| ,     | 601 S GOMEZ AVE   |                                     | SSE E   |
| -     | NEW Registered Office Address:  |                                     | - H   |
|       |   |                                     | THE JUL 29 AM IO: 17  |
| -     |   | ·                                   | - 5.  |
| -     | TAMPA   | <sub>. FL</sub> 33609               |   |

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

INHS18 (2/14)