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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DahogaNy HONES 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:
Robert H Toney Name of Person
Makogany Hemes LLC
27251 Wester Chapel Blod 1327
City/State and Zip Code
13 ch. Mah paan Thomes A 6 MA// Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reheit Toney at (863) 640.3168 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:

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF 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:	nhraanu	Hones L	LC		
			<u></u>		
Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
39.03 Noeth Late B	1001=	5 A M1	<u>t</u>		
TAMPMIFL 3362°	- -				
3. Date of filing/registration in Florida		18000 4)	
· · · · · · · · · · · · · · · · · · ·	••		,,,,,		
5. (a) 5hc/ly Buck land Registered Agent and Registered Office shown on the re	ecords of the Florida Dept. o	4 State;			
3903 Northdale Blud	H 100E			ege	
Registered Office Address (MUST BE FLORIDA S	(KEET ADDRESS)		<i>پ</i>	-	
TAMPA	.fl. 3362	7 .	2018 JUL SECKET	T 1	
(h) Robert H Toney			L 26	=	
Enter name of NEW Registered Agent and/or NEW R	egistered Office address:	· .		m	
27251 W13/14 ChAp NEW Registered Office Address:	el Blul #	327	FLORID!		
<u> </u>			·		
Wisley Chapel	_,FI3'35	44			
If the limited liability company is not organized under the change or changes are made, the Florida street ad- agent will be identical. Or, in the case of a Florida lin	dress of the registered on mited liability company	office and the busines it is hereby confirm	is office of the red that the ch	e registered ange(s)	
was/were authorized by an affirmative vote of the me the articles of organization or the operating agreemen	t of the limited liability	company.	•	ivided in	
Signature of Amember or authorized representative of a member	_ She	Printed or typed no	nol		
				la sateli eti	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and co the obligations of my position as registered agent as to merely reflect a change in the registered office add notified in writing of this change.	una ayree to act in this omplete performance of provided for in Chaptet tress, I hereby confirm	capaciiv. I firther a f my duties, and I am r 605, F.S. Or, if this that the limited liabil	igree to comp familiar with document is ity company f	iy with the and accept being filed has been	

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

Signature of Registered Agent