118000052200

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Southern Manuscry
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400382035724

2022 HAR -2 AM II: 56

RECEIVED

3

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 3/78/73/9 / 8178982

AUTHORIZATION : THE COMME

COST LIMIT : \$ 25.00

ORDER DATE : January 14, 2022

ORDER TIME : 9:04 AM

ORDER NO. : 378739-001

CUSTOMER NO: 8178982

CHANGE OF AGENT

NAME: DANIEL A. GOLDREYER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations					
DANIEL A. GOLDREYER, LLC SUBJECT:	*CAT.				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the	ne following:				
•					
Name of Person					
Daviel A Goldaegee LEC					
1 into Company					
123 LAKESTOILE JUNE APT 2 Address	<u>043</u>				
No.c.Th Para Beach Floring 33408 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
DANIEL A. Courseyer at (5	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				
INHS18 (2/14)					

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	ame of the limited liability company: DANIEL A. GOL	DREY	ER	3, LLC
2. (a)	123 Lakeshore Dr		(b)	123 Lakeshore Dr
(w)	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)
	Apt 2043			Apt 2043
	North Palm Beach, FL 33408			North Palm Beach, FL 33408
	02/27/2018		L	L18000052200
3.	Date of filing/registration in Florida	4.	_	Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of	the Flori	ida I	Dept. of State:
	Corporation Service Company			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	SS	2
	1201 Hays Street			?p
	Tallahassee	32301		2022 MAC
	, FI	, 		
(b)				, ,
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	addı	dress:
				·
	Daniel A. Goldreyer			.9
	NEW Registered Office Address:			
	123 Lakeshore Dr, Apt 2043			
	North Palm Beach,	33408	3	
change agent w was/we he artic	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li limited	red om mit lia	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	ure of a member or authorized representative of a member		_	Printed or typed name of signee
provisio he obli o mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to ac perform I for in nereby c	ct it nan Ch con	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
<u>∕√.</u> Signatur	e of Registered Agent			