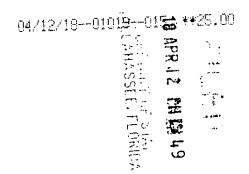
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(Requestor's Name)					
(Address)					
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	DANISH DREAMS ANESTHESIA, LLC					
SODGE	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	ce Cha	nge and i	fee(s) are submitted for filing.		
Please	return all correspondence concerning this	s matte	er to the f	following:		
DAW	N L. KENT					
	Name of Person		A I Promise	_		
DANI	SH DREAMS ANESTHESIA, LLC					
	Firm/Company			_		
411 V	VALNUT STREET #13787					
	Address			_		
GRE	EN COVE SPRINGS, FL 32043					
	City/State and Zip Code			_		
al@ta	ax-man.com					
Ē	E-mail address: (to be used for future annu	ial repo	ort notifi	cation)		
For fur	rther information concerning this matter,	please	call:			
AL YU	JRKSHAT, EA	at (703	330-1775		
	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:						
	■ \$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy		
INHSI	8 (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. N	ame of the limited liability company: DANISH DRE	AMS A	NESTHES	SIA, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 411 WALNUT STREET #13787	(b		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) NUT STREET #13787
	GREEN COVE SPRINGS, FL 32043		GREEN	COVE SPRINGS, FL 32043
	02/27/2018		L1800005	2966
3.	Date of filing/registration in Florida	4.		Document number
	Registered Agent and Registered Office shown on the records of the Harman Harma	ADDRESS	2	:
	ST AUGUSTINE , FL	32084		3. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
(b)	Enter name of NEW Registered Agent and/or NEW Registered DAWN L. KENT NEW Registered Office Address: 411 WALNUT STREET #13787	Office ad	dress:	APRIZ PA LA 49
	GREEN COVE SPRINGS, FL	32043		
the cha agent v was/w the art Signa I here provis the ob- to mer notifie	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the structure of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is discovered to the proper of this change.	the registability confirmated limited l	stered office ompany, it is ited liability iability com RANK KE	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. NT Printed or typed name of signee activ. I further agree to comply with the