## L18 000070141

| (Requestor's Name)                      |                    |             |  |
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| <b>(</b> , ) =                          | <b>,</b>           |             |  |
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|   |                    |             |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |
|   |                    |             |  |
| PICK-UP                                 | MAIT               | MAIL        |  |
|   |                    |             |  |
| (Business Entity Name)                  |                    |             |  |
|   |                    |             |  |
| (Document Number)                       |                    |             |  |
|   |                    |             |  |
| Certified Copies Certificates of Status |                    | s of Status |  |
|   |                    |             |  |
| Special Instructions to Filing Officer: |                    |             |  |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: Den Derec Ventures  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:   |  |  |  |  |
| Name of Person  |  |  |  |  |
| Firm/Company  |  |  |  |  |
| 804 Da Dong Tisles Address  |  |  |  |  |
| City/State and Zip Code   |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| Name of Person at (561) 638-7553  Name of Person Area Code & Daytime Telephone Number   |  |  |  |  |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, 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 REGIS LIMITA

## AICE OR REGISTERED AGENT OR BOTH FOR LALUTY COMPANY

٤

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  | Name of the limited liability company: Calmanage of Jenlare  | L. L. C                                    |
|--------|--|--|
| 2. (a) | a) Col the test of limited liability company:  (b) Second the test of limited liability company:  Mailing address of limited.  | mited liability company:  POST OFFICE BON) |
|        | Pola Prechy Gerlen's Pala Brech  | Codes                                      |
|        |  | 110-                                       |
| 3.     | Date of filing/registration in Florida 4. Document numb  |  |
| 5. (a) | (a) Test the water (real-way Glenn Edward Comments and Registered Office shown on the records of the Florida Dept. of State:   | 54 r w b                                   |
|        | Registered Agein and Registered Office shown on the records of the Florida Dept. of State:    1380   Prospective Address   (MUST BE FLORIDA STREET ADDRESS)   Falm Beach | raims Road #201                            |
|        | Palm Brach Palm Beach  | louiders 12                                |
| (b)    | (b) (clean Sire)   |  |
| (")    | Enter name of NEW Registered Agent and/or NEW Registered Office address:   | 2020 MAY                                   |
|        | NEW Registered Office Address:   | (2)  |
|        | Pala Bound (occites)   | 22 AM 10: 22<br>Seff. Florid               |
|        | .FL 53410  | St. 22                                     |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this-change.

Signature of Registered Agent