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5/15/2019 13:25 PARASEC FAX9165767010 P.002/0 H100001590503 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

. Nai	me of the limited liability company: DOAK ENTER	RPRIS	ES LLC	
. (a) _		(ŧ	o)	
· (- / -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ,		Mailing address of limited liability company: (Note: MAY BR POST OFFICE ROX)
	2704 CHERBOURG RD			
	COCOA, FL 32928	_		
	06/14/2018		L18000	147415
	Date of filing/registration in Florida	4,		Document number
(a)	LEGALING CORPORATE SERVICES INC.			
(a)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of St	ate:
	5237 SUMMERLIN COMMONS BLVD STE	400		
	Registered Office Address MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	
			_	
(ъ)	FORT MYERS	33907	7	
				
	ROCKET LAWYER CORPORATE SERVICE			_ 50 50
	Enter name of NEW Registered Agent and/or NEW Registered	Office 2	ddress:	
	155 OFFICE PLAZA DRIVE, 1ST FLOOR			EX 16 E
	NEW Registered Office Address:			- m
	Registered Office Andress.			
			<u></u>	
	TALLAHASSEE	32301	1	25
he cha	imited 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 liable authorized by an affirmative vote of the members of	the reg	e State of I	t is hereby confirmed that the change(s)
ne art	icles of organization or the operating agreement of the	imited	hability c	onipany.
	ward Mall	JE	SSICA SC	HOLL, AUTHORIZED REPRESENTATIVE
•	ture of a member or authorized representative of a member		7 *	Printed or typed name of signee
rovis he obi o mer	by accept the appoiniment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in writing of this change.	ree to a perfori d for in hereby	ct in this co nance of m Chapter 6 confirm th	apacity. I jurther agree to compty with the sy duties, and I am familiar with and acce, 05, F.S. Or, if this document is being file at the limited liability company has been
Signati	inc of Registered Agent			

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