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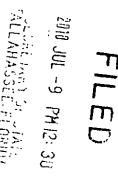
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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COVER LETTER

TO:	Registration Section Division of Corporations		· •					
SUBJI	Amos D LLC							
	Nan	ne of Limited	Liability Company					
Dear S	Sir or Madam:							
The en	nclosed Registered Agent/Registered Off	ice Change at	nd fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to th	e following:					
Paul	A. Davidson II							
•	Name of Person							
Amos	DLLC							
	Firm/Company	····						
1837	Springwood Drive							
	Address							
Saras	sota Fl. 34232							
•	City/State and Zip Code							
Amos	sD1962.AD@gmail.com							
E	E-mail address: (to be used for future ann	ual report not	ification)					
For fur	rther information concerning this matter.	please call:						
Paul /	A. Davidson II	941 at (400-0432					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations	F L	MAILING ADDRESS: Registration Section Division of Corporations					
	Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Fallahassee, Florida 32314					
	Enclosed is a check for the following	amount:						
	☑ \$25 Filing Fee	ā	\$55 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. Na	ame of the limited liability company: Amos D LLC						
2. (a)			(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of (Note: MAY BI			•
	1837 Springwood Drive		1837 Sp	ringwood Drive			
	Sarasota, FL 34228		Sarasota, FL 34232				
	June 26, 2018		L1800015	56219			
3.	Date of filing/registration in Florida	- 4.		Document nur	nber		
5. (a)	United States Corporation Agents, Inc.						
). (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>SS)</u>	-			
	13302 Winding Oak Court A						
	Tampa,	3361	 2	-	.~-,		
(b) .	, rL	· 		-		INF 8102	
	Paul A. Davidson II				AH.	JU	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	185	1	=
						1 6	FILE
	NEW Registered Office Address:			_	LAHASSEE FLORIDA	Ph 12: 38	
	1837 Springwood Drive					دی	Name of the last
				-	••	Ct.	
	Sarasota FL	3423	2	_			
li`the l	imited liability company is not organized under the lav	ve af th	o State of El.	- arida lit le baral	by confirm	and that	ntton
the cha	inge or changes are made, the Florida street address of	the reg	gistered office	e and the busine	ess office	of the re	gistered
was/we	vill be identical. Or, in the case of a Florida limited lia ero-authorized by an affirmative vote of the members o	of the li	mited liabilit	y company or a	med that t is otherwis	he chang se provid	ge(s) ded in
the arti	cles of organization or the operating agreement of the	limited	l liability con ∕l	npany.		· 	
Signa	ture of a thember or authorized representative of a member	Z	my	Printed or typed	<u>U 11</u>	<u>) Sch</u>	1
_	by accept the appointment as registered agent and agr	ee to a	I et in this can	• • •	~		with tha
provisi	ons of all statutes relative to the proper and complete.	mertor.	mance of mu	duties and Lan	n Familiar	with on	diversant
to mere	igations of my position as registered agent as provided elv reflect a change in the registered office address, I I I in writing of this change.	hereby	confirm that	the limited liab	ility comp	any has	he jiieu been
10	ul a. Davilson						
Signatu	re of Registered Agent						