

(Requestor's Name)				
(Address)				
(Address)				
,				
(City (Chang City (Dhana 10)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Duning Spike Norma)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





09/06/18--01011--006 **25.90



, a	COVE	R LETTER .	•	
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TO: Registration Section		•		
Division of Corporations				
SUBJECT: CONTINENTAL D GROUP,	LLC			
	ne of Limited	l Liability Company	4	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change :	and fee(s) are submi	itted for filing	
The enclosed Registered Agend Registered Offi	ee change a	ind rec(s) are submi	acca for timing.	
Please return all correspondence concerning the	is matter to t	the following:		
Derek Meyers				
Name of Person				
ivalite of Ferson				
Continental D Group, LLC			-	
Firm/Company				
100 S. Eola Dr. Unit 901				
Address				
Orlando, FL 32801				
City/State and Zip Code				
derekmeyers@ymail.com				
E-mail address: (to be used for future ann	ual report n	otification)		
For further information concerning this matter,	please call:			
Derek Meyers	407	, 489-89 4 4		
Name of Person	a. (Area Code &	Daytime Telephone Number	
STREET/COURIER ADDRESS:		MAILING ADDR	FSS.	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florid	a 32314	
Tallahassee, Florida 32301		i unanassee, i iona	u 20217	
Enclosed is a check for the following	amount:			
☑ \$25 Filing Fee		\$55 Filing Fee & (Certified Conv	
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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. N	ame of the limited liability company: CONTINEN	TAL D G	ROUP, LL	С
2. (a)		(t	o)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	100 S. EOLA DR. UNIT 901		100 S. E	OLA DR. UNIT 901
	ORLANDO, FL 32801		ORLAND	O, FL 32801
	07/06/2018		L1800016	34265
3.	Date of filing/registration in Florida	4.		Document number
5. (a	, MEYERS, DEREK C			
J. (u	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>5)</u>	· -
	101 S. EOLA DR. UNIT 621			
	ORLANDO , F	_L 32801		• 3
	MEYERS, DEREK C			(C)
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:	
	NEW Decision of Office Address			
	NEW Registered Office Address:			
	100 S. EOLA DR. UNIT 901			
	ORLANDO , F	32801		
the chagent was/v	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regi liability co of the lin e limited	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
I here provis the ob to me	eby accept the appointment as registered agent and agisions of all statutes relative to the proper and complet obligations of my position as registered agent as provide rely reflect a change in the registered office address, the difference of this change.	gree to ac e perform led for in I hereby c	t in this capa ance of my d Chapter 605, onfirm that to	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signat	ure of Registered Agent			