## 118000203836

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(Address)					
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EXAMINER

## **COVER LETTER**

Division of Corporation	ons				
D&L Pressure SUBJECT:	Washing LLC				
	Name of I	Limited Lia	bility Company		
Dear Sir or Madam:					
The enclosed Registered Agen	t/Registered Office Cl	hange and fe	ec(s) are submitted for filing.		
Please return all corresponden	ce concerning this mat	tter to the fo	ollowing:		
Dennis Behringer					
Name	of Person		_		
D&L Pressure Washing L	LC				
Firm/0	Сотрапу		-		海蓝
4215 Placid Dr.					<u> </u>
Add	ress		-	•	rso car
Sarasota, FL 34243					∯K 9:
City/State and Zip Code			_	3	<u></u>
laurenmae36@yahoo.cor	n				
E-mail address: (to be use	ed for future annual re	port notifie:	ation)		
For further information concer-	ning this matter, pleas	e call:			
Dennis Behringer	at (	941	705-5535		
Name of Perso			Area Code & Daytime Telepho	ne Number	
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check fo	or the following amou	ınt:			
☑ \$25 Filing Fee		<b>Q</b> \$55	Filing Fee & Certified Copy		

## 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

I. Na	ame of the limited liability company: D&L Pressure	e Washing LLC		
2. (a)	Dennis Behringer	(b) Dennis Behringer		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4215 Placid Dr.	4215 F	Placid Dr.	
	Sarasota, FL 34243	Sarasota, FL 34243		
	08/24/2018	L18000	203836	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Suzanne Honeycutt			
2. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Si	Tate:	
	Registered Office Address (MUST BE FLORIDA STREET) 5025 79th Ave Dr. E	ADDRESS)		
	Sarasota , FL	34243		
(b)	Dennis Behringer			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	— <u> </u>	
	NEW Registered Office Address:		<u> </u>	
	4215 Placid Dr.			
	72101 Idold 51.		<del></del>	
	Sarasota , FL	34243	_	
he cha igent w vas/we he arti	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered offi ability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.	
-Signai	ure of a member or authorized representative of a member		Printed or typed name of signee	
Nieres provisione ne mere povineo	ry accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I I I in writing of this change.	ee to act in this ca performance of ny d for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been	
Signatur	e of Repistered Agent			