118000213196

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	DOLLINS AVENUE SOUTH 513 LLC					
.,012,71	Name of Limited Liability Company					
Dear S	ir 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:						
VĒRO	ONICA ANDERSON					
	Name of Person		-			
AND	ERSON AND ASSOCIATES, P.A.					
	Firm/Company		-			
225 N	I. FRENCH AVENUE		_			
	Address					
SANF	FORD, FL 32771					
	City/State and Zip Code		-			
VER	ONICA@CONSULTLAWOFFICE	СОМ				
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter	, please call:				
VER	ONICA ANDERSON	407 at (843-9901			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$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.

1. N	ame of the limited liability company: DOLLINS	AVENUE S	OUTH 513 LLC		
2. (a)					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		
	2122 PIEDMONT STREET		2122 PIEDMONT	STREET	
	ORLANDO, FL 32805		ORLANDO, FL 32805		
	09/06/2018	L	18000213196		
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a)				
. (Registered Agent and Registered Office shown on the record Anderson & Associates	s of the Florida I	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			7. 2	
	2122 PIEDMONT ST			71. SEC:	
	ORLANDO	32805		FIL 2019 NAY 28 SEGRETARY	
(b)	Enter name of NEW Registered Agent and/or NEW Registe	ered Office addr	pcc.	MID: 15	
	The same of the way we will all the same of the same o	Crea Office addi	<u> </u>		
	Anderson and Associates, P.A.			∑ _k Ω	
	NEW Registered Office Address:				
	225 N. French Ave.		, -		
	Sanford	. FL 32771			
Sign Thereprovis the off to menotifie	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a filorida limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of attree of a member or authorized representative of a member or authorized representative of a member or accept the appointment as registered agent and clions of all statutes relative to the proper and compalingations of my position as registered agent as provedy reflect a change in the registered office address ad in writing of this change.	s of the registed liability concers of the limited liability the limited liability and liability and liability arree to act i	ered office and the but pany, it is hereby colled liability company ability company. The Smart Printed or ty at this capacity. I then	isiness office of the registered ntirmed that the change(s) or as otherwise provided in sped name of signee ther agree to comply with the	

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