U8000290159

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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08/12/19--01025--011 **25.00





COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	DevinPort Leasing LLC			
SODS		ne of Limited	Liability Company	
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered Of	fice Change ar	id fee(s) are submitted for filing	g.
Please	return all correspondence concerning th	nis matter to th	e following:	
Busr	a Sert			
	Name of Person			
Devi	nport Leasing LLC			2019
	Firm/Company		. .	APPROV FILE 2019 HAR 12 SECRETARIS
1025	Gateway Blvd 303-335			
	Address	<u> </u>		PH 6: 2'
Boyn	iton Beach FL 33426			28 28
	City/State and Zip Code			
devir	nportleasing@gmail.com			
]	E-mail address: (to be used for future an	nual report not	ification)	
For fu	rther information concerning this matter	, please call:		
Busra	a Sert	561	6098709	
	Name of Person	at (Area Code & Daytime Tele	ephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R C P	Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Cop)y

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.

2. (a)		(t	o)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	N		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2500 Quantum Lakes Drive		2500 Qu	uantum Lakes Drive	
	Suite 203 Boynton Beach FL 33426		Suite 20	3 Boynton Beach FL 33426	
	12/18/2018		L1800029	90159	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of			- <u></u>	
	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State	AI 9 HAI 1 LAI	
	Registered Office Address (MUST BE FLORIDA STREET) 2500 Quantum Lakes Drive Suite 203	ADDRES!	<u> </u>	ANC ANCE	
	Boynton Beach , FI	33426		- 6: 2 6: 2	
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :		
	2500 Quantum Lakes Drive Suite 203 Boyn	ton Bea	ach FL 334	4	
	NEW Registered Office Address:			-	
	2500 Quantum Lakes Drive Suite 203			-	
	Boynton Beach , Ft.	33426		_	
the cha agent w was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	Tthe regi ability co of the lin limited	stered office ompany, it is nited liability	e and the business office of the registere s hereby confirmed that the change(s) y company or as otherwise provided in	
-Signal	ure of a member or authorized representative of a member		-	Printed or typed name of signee	
provision the oblicity to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I I'm writing of this change.	perform d för in (ance of my (Chapter 605	duties, and I am familiar with and accept. 5. F.S. Or, if this document is being tile	

Signature of Registered Agent