L19000065699

(Requestor's Name)					
(Address)					
(Address)					
(City/	State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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TO:

INHS18 (2/14)

Registration Section

Division of Corporations					
DOUKAS REAL ESTATE LLC					
SUBJECT:	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered (Office Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the	e following:			
LAURA DOUKAS					
Name of Person					
DOUKAS REAL ESTATE LLC					
Firm/Company					
535 BROAD HOLLOW ROAD SUITE AT					
Address					
MELVILLE NEW YORK 11747					
City/State and Zip Code	e				
DOUKASPICTURES@GMAIL.COM					
E-mail address: (to be used for future a	annual report noti	itication)			
For further information concerning this matt	ter, please call:				
RACHAEL DOUKAS	631 at (249 - 6988			
Name of Person		Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following	ing 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.	Name of the limited liability company: DOUKAS REAL	ESTA	TE LLC	
2. (a)		(b)	
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	535 BROAD HOLLOW ROAD SUITE AT		535 BROA	D HOLLOW ROAD SUITE AT
	MELVILLE, NY 11747	_	MELVILL	E. NY 11747
	2/25/19		L190000656	99
3.	Date of filing/registration in Florida	- 4.		Document number
5. (RESIGNED			
. (Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of State	- :
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)	
				2 Eq.
				·
	, FI	L		7 92-
(b) <u></u>			- 03×
`	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	
	MARY HAUPTMAN			
	NEW Registered Office Address:			Ť.
	15625 FRONT BEACH ROAD UNIT 1206			
	PANAMA CITY BEACH, FI	L <u>32413</u>	}	
changagent was/	e limited liability company is not organized under the la ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	regist ability of the limite	ered office and company, it is imited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sigi	nature of a number or authorized representative of a member	_	ACHAIL DOO	Printed or typed name of signee
I her provi the o to me notifi	reby accept the appointment as registered agent and agistims of all statutes relative to the proper and complete sights of my/position as registered agent as provide eyely reflect a change in the registered office address, I ged in writing of this change.	ree to c perfor d for it hereby	uct in this capa mance of my a n Chapter 605, confirm that t	city. I further agree to comply with the
Signa	fure of Registered Agent			