Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000300271 3)))



H200003002713ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corpo	orations		
	Fax Number :	(850)617-6383		
From:			F.C. T.V.C	
	Account Name : Account Number :	REGISTERED AGEN	IS INC.	7620
	Phone :	(307)200-2803		
	Fax Number :	(855)330-1010		4
				;\ <u>`</u>
*Enter the annua	email address for t l report mailings. E	this business ent inter only one em	ity to be u ail address	sed for future please.**
annua	email address for t report mailings. E Address:	this business ent inter only one em	ity to be u ail address	sed for future please.**
annua	l report mailings. E	this business ent inter only one em	aity to be u	sed for future please.**
annua	l report mailings. E	this business entended one em	ail address	sed for future please.**
annua	l report mailings. E Address: LLC REGIST	nter only one em	change	sed for future please.**
annua	l report mailings. E Address: LLC REGIST	ERED AGENT	change	sed for future please.**
annua	LLC REGIST	ERED AGENT	ail address CHANGE LC	sed for future please.**

Y SHIKER

\$25.00

AUG 5 1 2020

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

 $\langle \rangle$

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. Na	me of the limited liability company: Dominus	Flevi	t, LLC				
2. (a)	4730 NAVASSA LN	(b) 4730 NAVASSA LN					
<u>د. (۵)</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	NAPLES, FL 34119	_	NAPLE	S, FL 34119			
	08/22/2019	_	L190002	215078			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	LEGALINC CORPORATE SERVICES INC.						
.). (u)	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of Stat	- e:			
	5237 SUMMERLIN COMMONS			_			
	Registered Office Address (MUST BE FLORIDA STREET A						
	Suite 400			_	. .	$\mathbb{C}\mathfrak{I}$	
	FORT MYERS	33907	7		070		
(b)	Registered Agents Inc.	-	713 28	•			
	Enter name of NEW Registered Agent and/or NEW Registered Office addr				\supset	:	
	7901 4th St N				- . ?	7	
	NEW Registered Office Address:			_	. <u>.</u> 0		
	STE 300			_			
	St. PetersburgFL	33702	2	_			
the ch agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the atture of a member or authorized representative of a member	the regional the ling of the ling limited Helphan	ompany, it nited liabili liability co	is hereby confirmed ty company or as oth mpany. Printed or typed name	that the nerwise	change(s) provided in	
provis the ob to mei	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I had in writing of this change. Bill Havre - Assistan	d for in hereby c	Chapter 6V confirm tha	5 FS Or if this de	cument	is being filed	

Signature of Registered Agent