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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC REGISTERED AGENT CHANGE D & B HOLDINGS OF OCALA, LLC

Certificate of Status	0
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## 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	ame of the limited liability company:  D & B Holdings	of Ocala	LLC			··	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  7070 S.E. 14th Court  Ocala, Florida 34480	(	7070 S.E.	Mailing address (Note: MAY) 14th Court orida 34480	of limited lia	bility co	mpany:
1	09/24/2019		L19000241	541			
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Denver R. Beck  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  7070 S.E. 14th Court				3	21	
	Ocala , FL	34480	<del></del>	_	22,3	I APR	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporate Creations Network Inc.			i -	ASY OF STATE SCIENTLORIB	22 PH 12:	
	NEW Registered Office Address:			-	A	5	
	801 US Highway 1			_			
	North Palm Beach	33408		_			
cnange ag <del>e</del> nt v was/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lizere authorized by an affirmative vote of the members of cles of organization or the operature agreement of the	register ability co of the lin limited	ed office an ompany, it is nited liabilit	d the business s hereby confi v company or	office of t	the reg	istered
Signa	sure of a member or authorized porcentative of a member		TVGI IC DCCK	Printed or types	name of sig	nee	<del></del>
I herei provisi the obl to mere	by accept the expointment us registered agent and agrouns 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 have the change of this change.			acity. I further	r agree to	compl	
	aitlin Lazarus Caitlin Lazarus, Specia	l Secre	etary				
Signatu	re of Registered Agent						