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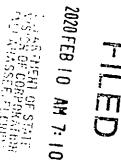
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S. YOUNG

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COVER LETTER

	egistration Section livision of Corporations							
SUBJEC	ERVIN LANIER DANTZLER LLO T:	C						
0011110	Name of Limited Liability Company							
Dear Sir c	or Madam:							
The enclo	sed Registered Agent/Registered Of	fice Change an	nd fee(s) are submitted for filing.					
Please ret	urn all correspondence concerning the	his matter to the	e following:					
Eli Ra Bey	,							
	Name of Person							
ERVIN L	ANIER DANTZLER LLC							
	Firm/Company							
9825 NE 2	and AVENUE, #1266							
•	Address							
MIAMI SI	HORES, FL 33153							
	City/State and Zip Code							
MUUR07E	BIGRED@GMAIL.COM							
E-m	ail address: (to be used for future an	nual report not	ification)					
For furthe	er information concerning this matte	r, please call:						
ERVIN D	ANTZLER	786 at (765-6765					
	Name of Person		Area Code & Daytime Telephone Number					
R D P.	failing Address: egistration Section division of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
E	nclosed is a check for the followin	g amount:						
8	\$25 Filing Fee	a :	\$55 Filing Fee & Certified Copy					

TO:

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.

l. Na	me of the limited liability company: ERVIN LANIER	R DAN	ΓZLI	ER LLC				
2. (a)	9825 NE 2nd Ave, #1266		(b)	9825 NE	2nd Ave, #12	66		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI SHORES, FL 33153		(-,		_	ss of limited liability company: Y BE POST OFFICE BOX) 33153		
3.	Date of filing/registration in Florida	 4.	E -	.19000287	7266 Document	number		
	ERVIN DANTZLER	4.			Document	namoci		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 9825 NE 2ND AVE, #1266 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					2020 FEB 1		
(b)	MIAMI SHORES , F	L_33153	1	<u>.</u>	_	SSG@ □		
	Eli Ra Bey Enter name of NEW Registered Agent and/or NEW Registered Office address: 9825 NE 2ND AVE, #1266 NEW Registered Office Address:			_	T OF STATE ORPORAGISTS FELT LOSS			
	MIAMI SHORES	L_33153	3		_			
change agent w was/we the artic	mited liability company is not organized under the later or changes are made, the Florida street address of the relation of the case of a Florida limited library authorized by an affirmative vote of the members clearly organization or the operating agreement of the	e regist iability of the i c limite	erec con limit d lia	l office ar ipany, it ed liabili	nd the busine is hereby cor ty company ompany of mpany. ZLER	ess office of the registered of the registered of that the change(s) or as otherwise provided in		
•	ure of a member or authorized representative of a member				•	ped name of signee		
provisie the obli to mere notified	ov accept the appointment as registered agent and agents of all statutes felative to the proper and complete igations of not position as registered agent as provide by reflect a change in the registered office address. It is writing of this change to the change of the	ree to a perfor ed for i hereby	act i rmai n Cl · cor	n this cap nce of my napter 60 firm that	pacity. I furth duties, and l 5, F.S. Or, if the limited l	her agree to comply with the I am familiar with and accept I this document is being filed iability company has been		

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

HS18 (2/14)