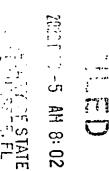
## 

(Req	uestor's Name)	<del></del>		
(Address)				
(Address)				
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nar	me)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
		:		

Office Use Only





## COVER LETTER

TO:	Registration Section Division of Corporations		·
SUBJI			
	Name	of Limited Lia	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the fo	flowing:
Yoland	a A. Guillen		
	Name of Person		_
Drilling	g Management Group		
	Firm/Company		_
111 No	orth Orange Avenue Suite#800		
	Address		_
Orlando	o, FL 32801		_
	City/State and Zip Code		
Yoland	a@drillingmg.com		
E	-mail address: (to be used for future annu	al report notifica	ation)
For fur	ther information concerning this matter, p	lease call;	
Yoland	a A. Guillen	407 at (	373-5247
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following a	mount:	
	☐ \$25 Filing Fee	<b>\$</b> 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.

2. (a)		(	(b)
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	111 North Orange Ave. Suite#800		111 North Orange Ave. Suite#800
	ORLANDO, FL 32801		ORLANDO, FL 32801
	02/21/2020		L20000059118
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Yolanda A. Guillen		
, (u)	Registered Agent and Registered Office shown on the rec	ords of the Florid	da Dept, of State:
	Registered Office Address (MUST BE FLORIDA ST 301 US Highway 17-92N	<u>REET ADDRES</u>	SS 172 PEC
	Haines City	33844	
		, FL	-5 AM 8: 02  Address:
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	eistered Office ac	uddress: FATE 8
	NEW Registered Office Address:	<del> </del>	
	111 North Orange Ave, Suite#800		
	Orlando	FL	
change agent v was/we	or changes are made, the Florida street address will be identical. Or, in the case of a Florida lim	of the register ited liability con bers of the lin	the State of Florida, it is hereby confirmed that after the red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in Hiability company.
<u>U</u> ,	Inh A MA	<u></u>	landa A. Guillen
	ture of a member or authorized representative of a member	7	Printed or typed name of signee
			ct in this capacity. I further agree to comply with the

Signature of Registered Agent