LZ1000 118514

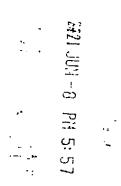
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

	Registration Section Division of Corporations		·			
SUBJE	DUFF FAMILY LLC					
Name of Limited Liability Company						
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered Office	Change and fe	ee(s) are submitted for filing.			
Please r	return all correspondence concerning this n	natter to the fo	llowing:			
JANET	BANDERA					
	Name of Person		-			
BANDE	ERA LAW FIRM, PA					
	Firm/Company		_			
1707 15	4TH STREET E					
	Address		-			
BRADE	ENTON, FL 34212					
	City/State and Zip Code		-			
	dufffamily 2000 & yahoo mail address: (to boused for future annual	. CO M	_			
E-	mail address: (to be used for future annual	report notifica	ation)			
For furt	her information concerning this matter, ple	ease call:				
PATRIC	CK DUFF	314 at (302-0828			
	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 an	iount:				
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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. 1	Name of the limited liability company:DUFF FAMI	ILY LLC		
2. (a	a)	(b)	
2. (2	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:		iling address of limited liability company: Nate: MAY BE POST OFFICE BOX)
	2036 LOGAN HILL DRIVE		2036 LOGAN	NHILL DRIVE
	CHESTERFIELD, MO 63017		CHESTERFI	ELD, MO 63017
	MARCH 12, 2021		L21000118514	
3.	Date of filing/registration in Florida	4.	Do	ocument number
5. ((a)			
·· ((a) Registered Agent and Registered Office shown on the record	ds of the Florida	Dept. of State:	
	JANET BANDERA			enter the second
	Registered Office Address (MUST BE FLORIDA STRE	<u>)</u>	F-13	
	1707 154TH STREET E			
	BRADENTON	34212		7421 JUN -8
	BRADENTON	_,		70
ſŀ	b)			ئن ۔
`	Enter name of NEW Registered Agent and/or NEW Regist	tered Office add	dress:	5
	PATRICK DUFF			
	NEW Registered Office Address:			
	1105 TALLOW TREE CT			
	CAPTIVA	, FL_33924		
chan agen was/	e limited liability company is not organized under the need or changes are made, the Florida street address of at will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member articles of organization or the operating agreement of the sum.	e laws of the f the registere ed liability co ers of the lim f the limited li	d office and the mpany, it is he ited liability o	he business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in
Sig	gnature of a member or authorized representative of a member	<u></u>	P	rinted or typed name of signee
I he provide the o	reby accept the appointment as registered agent and visions of all statutes relative to the proper and comp obligations of my position as registered agent as prov erely reflect a change in the registered office addres.	l agree to act plete performa vided for in C s, I hereby co	in this capaci ince of my dut hapter 605, F infirm that the	ty. I further agree to comply with the les, and I am familiar with and accept .S. Or, if this document is being filed limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

notified in writing of this change.

Signature of Registered Agent