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(((H23000067735 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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 $\overset{\smile}{\leadsto}$  \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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2023

## LLC REGISTERED AGENT CHANGE DADECOUNTYGARAGE LLC

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## COVER LETTER

TO:	Registration Section Division of Corporations		
S11B 1	ЕСТ:	DADECOUN	TYGARAGELLC
3004		ed Liability Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to	the following:
LOVE	TTE DOBSON		
	Name of Person	· · · · · · · · · · · · · · · · · · ·	·
	Firm/Company		<del></del>
17350	STATE HWY 249 STE 220		
	Address		
HOUS	TON, TX 77064		
	City/State and Zip Coo	de	<del></del>
EFILE	1234@INCFILE.COM		
—·	E-mail address: (to be used for future	annual report	notification)
For fu	rther information concerning this ma	tter, please cal	l:
LOVE	TTE DOBSON  Name of Person	at (	888-462-3453 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 follow	ing amount:	
	■ \$25 Filing Fee	į	S55 Filing Fee & Certified Copy
INHST	8 (2/14)		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H23000067735 3)))

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. N	ime of the limited liability company: DADECOUNTY				
2. (a)	11000 Sw 200 Street	(h) <u>16410 N</u> w	(h) 16410 Nw 21si Ave		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company.  (Note: MAY BE POST OFFICE BOX)  Opa Locka, F1, 33054			
	Miami, FL 33157				
	03/25/2021	1,210001406	м М		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	REPUBLIC REGISTERED AGENT LLC				
( ,	Registered Agent and Registered Office shown on the records of 1150 Nw 72nd Ave Tower I Ste 455  Registered Office Address (MUST BE FLORIDA STREET)		- ::		
	Miami , H	.33126	2023 FEB 24		
(b)	Danzel Dessources				
((/)	Enter name of NEW Registered Agent and/or NEW Registered		24 岩海		
	4935 Light House Road Apr 10206		PH I:		
	NEW Registered Office Address:		: 5 8		
	Naples , F1	34119			
change agent v was/wo the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office and ability company, it is of the limited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mere notified	by accept the appointment as registered agent and agr ons 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. It I'm scriting of this change.  Lange Despources we of Registered Agent	vee to act in this capa performance of my d I for in Chapter 605, iereby confirm that ti	wity. I further agree to comply with the laties, and Lam familiar with and accept F.S. Or, if this document is being filed the limited liability company has been		