L21000 176 982

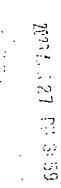
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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54/27/23--61009--007 **25.00



COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SUBJ	DANIEL ALAN SERVICES L	LC						
Name of Limited Liability Company								
Dear S	Sir or Madam:							
The e	nclosed Registered Agent/Registered	l Office Change ar	nd fee(s) are submitted for filing.					
Please	return all correspondence concernir	ig this matter to th	e following:					
MAT"	THEW BAKER							
	Name of Person							
DANI	EL ALAN SERVICES LLC	· <u>-</u>	, c. 37					
	Firm/Company	-		 				
7901 -	ATH ST N STE 300			-1				
	Address			.:				
ST. PI	ETERSBURG, FL 33702			5				
	City/State and Zip Co	de						
matthe	ew@busybeeroofing.com							
1	E-mail address: (to be used for future	annual report not	ification)					
For fu	rther information concerning this ma	itter, please call:						
MAT	THEW BAKER	813 at (358-1356					
	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 follow	ving amount:						
	■ \$25 Filing Fee □ \$55		\$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.

1.	Na	me of the limited liability company: DANIEL ALS	AN SERVI	CE.	IS LLC			
2. (a)			(b)			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		7901 4TH ST N STE 300			7901 4TH ST N STE 300			
		ST. PETERSBURG, FL 33702			ST. PETERSBURG, FL 33702			
		04/16/2021			L21000176982			
3.		Date of tiling/registration in Florida	4.	-	Document number			
5. ('a)	KANTASKAS LAW PA						
J. (,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		Registered Office Address (MUST BE FLORIDA STREA	<u> </u>					
		2202 N. WEST SHORE BLVD. SUITE 200	2 <u>0</u> 5					
		TAMPA	FL_33607	•				
ίþ	b)	REGISTERED AGENTS INC			77			
•	-,	Enter name of NEW Registered Agent and/or NEW Register						
					. 19 G			
		NEW Registered Office Address:		,				
		7901 4TH ST N STE 300						
		ST. PETERSBURG	FL_33702					
char ager was the a	ige it v wc irti	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited at the authorized by an affirmative vote of the member cles of organization or the operating agreement of the atthew Baker	the registo Hiability rs of the I the limited	ere cor imi d li	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in			
		ure of a member or authorized representative of a member			Printed or typed name of signee			
prov the c to m notij	usio bli ere fico	ons of all statutes relative to the proper and comple gations of my position as registered agent as provi by reflect a change in the registered office address, I in writing of this change,	agree to a ete perfor ided for it . I hereby	ict ma 1 (*) co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been			
Sign	Kui	estered Agenta AVC						