## L22000248861

| (Reque                        | stor's Name)           |  |  |  |  |
|-------------------------------|------------------------|--|--|--|--|
| (Addres                       | 55)                    |  |  |  |  |
| (Addres                       | ss)                    |  |  |  |  |
| (City/St                      | tate/Zip/Phone #)      |  |  |  |  |
| PICK-UP                       | WAIT MAIL              |  |  |  |  |
| (Rusine                       | ess Entity Name)       |  |  |  |  |
| (20011)                       | soo Enary Name)        |  |  |  |  |
| (Document Number)             |                        |  |  |  |  |
| Certified Copies              | Certificates of Status |  |  |  |  |
| Special Instructions to Filin | ng Officer:            |  |  |  |  |
| T.cline<br>8.19.24            |                        |  |  |  |  |

Office Use Only



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07/26/24--01016--001 \*\*35.00

FILED
2024 AUG 19 PH 2: 10
SECRETARY OF STATE



August 8, 2024

MICHAEL REALE 3953 ZENITH LOOP THE VILLAGES. FL 32163

SUBJECT: DETAIL EAST LLC Ref. Number: L22000248861 AUG 19 2024

We have received your document for DETAIL EAST LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 624A00017265

2024 AUG 19 PM 2: 10

## COVER LETTER

| COVERCETTER  |   |
|--|---|
| TO: Registration Section Division of Corporations  |   |
| SUBJECT: Detail East LLC   | **************************************  |
| Name of Limited Liability C  | ompany.   |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office Change and fee(s) are  | e submitted for filing.   |
| Please return all correspondence concerning this matter to the following   | <i>3</i> :  |
| Michael Reale<br>Name of Person  |   |
| Detail East LLC Firm/Company   |   |
| 3953 Zenith Loap   |   |
| The Villages Fl 32163 City/State and Zip Code  | <b>20</b> :   |
| E-mail address: (to be used for future annual report notification)   | POZ4 AUG 19 SECINCIÁRY TALLAHA  |
| For further information concerning this matter, please call:   | س <del>ر</del> ب  |
| Vivginia Reale at (516) 9 Name of Person Area (  | 271 1855 The Code & Daytime Telephone Number 5  |
| Registration SectionRegistration SectionDivision of CorporationsDivision Section S | et Address: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 shassee, FL 32303 |
| Enclosed is a check for the following amount:  |   |
| □ \$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. Na                      | nme of the limited liability company: Detai  | 1 80  | ist i   | LLC  |  |                                     |                             |
|----------------------------|--|---|---|--|--|-------------------------------------|-----------------------------|
|                            | 3953 Zenith Loop   | (b)   | द्रोद   | Mike Ry  | Pale                                   | _                                   |                             |
| 2. (a)                     | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | _ (0)   | 1.23  | Mailing address of limited (Note: MAY BE POST  | liability c                            | ompany                              | :                           |
|                            | The Villages, Fl.  |   | De  | tail East  |  |                                     |                             |
|                            | 32163  |   |   | Box 4252   |  |                                     |                             |
|                            | Ja162  |   | 60  | of Hampin  | on WY                                  | <del>/ 11°</del>                    | <del>137</del>              |
|                            | 5/36/2022  |   | _   | 000248861  |  |                                     |                             |
| 3,                         | Date of filing/registration in Florida   |   | 1_1_  | Document number  |  |                                     |                             |
|                            | Mrs Doole  |   |   |  |  |                                     |                             |
| 5. (a)                     | Registered Agout and Registered Office shown on the records of the   | he Florida I  | Dept. of Stat   | _<br>e:  |  |                                     |                             |
|                            |  |   |   |  |  |                                     |                             |
|                            | Registered Office Address (MUST BE FLORIDA STREET A  | DDRESS)   |   | -  |  |                                     |                             |
|                            | 3953 Zenith Loop   |   |   |  | SE<br>T                                | 202Կ                                |                             |
|                            |  | 2.1   | んろ  | _  |  | 1024 AUG 1 9                        |                             |
|                            | The Villages .FL   | <u> </u>  |   | _  | AA,                                    | =                                   | S. Section .                |
| (b)                        | michael Reale  |   |   | _  | AS(                                    |                                     | m                           |
| (-,                        | Enter name of NEW Registered Agent and/or NEW Registered   | Office add  | ress:   |  | E C                                    | 7                                   | Ö                           |
|                            | Michael Reale  |   |   | _  | FL.                                    | 2: 10                               |                             |
|                            | NEW Registered Office Address:   |   |   |  |  |                                     |                             |
|                            | 3953 Zenith Loop   |   |   | un.  |  |                                     |                             |
|                            | The Villages FL  | 32  | 163   | _  |  |                                     |                             |
| chang<br>agent<br>was/w    | limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liaman. | vs of the S<br>registered<br>bility con<br>f the limit<br>limited lia | tate of Flo<br>l office an<br>ipany, it i<br>ed liabilit<br>ibility con | d the business office of shereby confirmed the y company or as othe open.                                | of the re<br>aat the ch<br>rwise pr    | gistere<br>nange(:                  | d<br>s)                     |
| Sign                       | ature of a member or authorized representative of a member   |   | 11011   | Printed or typed name o  | f signee                               |                                     | <del></del>                 |
| provis<br>the ob<br>to mei | rby accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>rely reflect a change in the registered office address. I h<br>d in writing of this change.                               | ve to act i<br>performan<br>I for in Cl<br>vereby con                 | n this cap<br>ice of my<br>iapter 602<br>ifirm that                     | acity. I further agree<br>duties, and I am fami,<br>5, F.S. Or, if this doct<br>the limited liability co | to compliar with<br>ument is<br>ompany | dy with<br>and a<br>being<br>has be | the<br>ccept<br>filed<br>en |

Real

Signature of Registered Agent