## L 22000306829

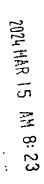
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations								
D&H LEGACY INVESTMENT	rs, llc							
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.						
Please return all correspondence concerning	g this matter to the	following:						
Courtney Proefrock								
Name of Person		<del></del>						
Anderson Business Advisors								
Firm/Company		<u> </u>						
3225 McLeod Drive, #100								
Address		<del></del>						
Las Vegas, NV 89121								
City/State and Zip Coo	de	<u> </u>						
ra@andersonadvisors.com								
E-mail address: (to be used for future	annual report notif	fication)						
For further information concerning this ma	tter, please call:							
Courtney Proefrock	800 at (	7064741						
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	□ s	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.

I. Na	ame of the limited liability company: D&H LEGACY I	INVES'I	MENTS, LLO	<u> </u>
2. (a)	281 LYNN ST		(b) 281 LYN	N ST
<u> </u>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	OVIEDO, FL 32765		OVIEDO,	FL 32765
	07/02/2022	· <b></b> -	L22000306	829
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Alfred Sanchez			
J. (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	
	Registered Office Address (MUST BE FLORIDA STREET) 281 LYNN ST	ADDRE.	SS)	2024 HAR
	OVIEDO , FL	32765		_ · · · · · · · · · · · · · · · · · · ·
(b)	Anderson Registered Agents, Inc.			A
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	address:	- : 2 ::. 3
	625 E. Twiggs Street, Suite 110,			
	NEW Registered Office Address:	·		_
	T	22/02		_
	Tampa, FL	_33602		_
change agent was/wasthe art	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 like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the wartney Proefrock.	registe ability of of the li limited	red office an company, it is mited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.	nertori	nance of my i	duties, and I am familiar with and accept.
Signatu	ire of Registered Agent			