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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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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LLC REGISTERED AGENT CHANGE **DUQUESA LLC**

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M. SOLOMON

APR 1 6 2024

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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.

l. N	ame of the limited liability company:DUQUESA 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)		
	11/28/2022	<u> </u>	 L22000496	3315	_	
3.	Date of filing/registration in Florida	 4.		Document number		
5. (a)	CORPORATE MAINTENANCE SERVICES, LLC					
J. (a,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	– e:		
	1000 BRICKELL AVENUE, SUITE 400			-		
	Registered Office Address (MUST BE FLORIDA STREET)	5.92				
	MIAMI	33131		- - - - -		
	REGISTERED AGENTS INC			- m	1	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	- : : :	; :	
	7901 4TH ST N	्र १ १	•			
	NEW Registered Office Address:	_				
	STE 300	_				
	ST. PETERSBURG . FL.	33702		_		
change agent was/w the art	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 ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	registered bility confither the limited in the limi	d office an npany, it is ited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	e	
Ru	dure of a member or authorized representative of a member	Robi	n Jones		_	
Sign	iture of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to mer notifie	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I have in writing of this change.	ee to act performa I for in C vereby co	in this cape nce of my e hapter 605 nfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been	i,t	
·	VID Novits David Roberts					
Signati	ire of Registered Agent					