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(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone #	f)		
☐ PICK-UP	WAIT	MAIL		
(Bi	usiness Entity Name)		
(Di	ocument Number)			
Certified Copies	Certificates o	f Status		
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Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

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INHS18 (2/14)

Division of Corporations		
DWS Construction LLC SUBJECT:		
	ted 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 this matter to	o the following:	
Dale Smith Jr		
Name of Person		
DWS Construction LLC		
Firm/Company		
4850 Allen Rd #99		
Address		
Zephyrhills		
City/State and Zip Code		
dalesmith08193@gmail.com		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please call	1:	
Dale Smith Jr 970 at (988-5941	
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 following amount:		
\$ \$25 Filing Fee	S55 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. 1	Same of the limited liability company:	on LLC	
2. (a	4850 Allen Rd #99	(b)	len Rd #99
(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)
	09/04/2024		
3.5. (a)	Date of filing/registration in Florida INC Authority RA	4.	Document number
J. (C	Registered Agent and Registered Office shown on the records of 360 North Orange Ave Ste 2300-N	the Florida Dept. of St	2024 SEP 13 SECRLIVED TALLAHASS
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Orlando , FI	32801	PHI2: L8
(b	Dale Smith Jr		7A FE
·	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address:	
	NEW Registered Office Address:	<u> </u>	_
	4850 Allen rd		
	Zephyrhills, F1	33541	<u> </u>
chang agent was/A the ar Sign I her provide the oil to me	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of a member or authorized representative of a member sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I seed in writing of this elange	e registered office a ability company, it of the limited liabil limited limited limited limited liability co	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. Dall Emitty A. Printed or typed name of signee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent