# 124000280641

(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:	]

Office Use Only



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A. RAMSEY
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## CORPORATE ACCESS,

## When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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SPECIA	L INSTRUCTIONS:		

### **COVER LETTER**

TO: Registration Section Division of Corporations	
DiG Dev SE LLC SUBJECT:	
Na.	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	his matter to the following:
Lynn Jackson	
Name of Person	
Independence Construction, LLC	
Firm/Company	
6400 E. Schaaf Road	
Address	
Independence, OH 44131	
City/State and Zip Code	
ljackson@digeronimocompanies.com	
E-mail address: (to be used for future and	nual report notification)
or further information concerning this matter	, please call:
Lynn Jackson	440 666-0658 at ( )
Name of Person	Area Code & Daytime Telephone Numbe
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	g 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.

)			(b	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)
	1150 Duncan Road			1	150 Du	ncan Road
	Punta Gorda, FL 33982			P	unta Go	orda. FL 33982
	June 21, 2024					
	Date of filing/registration in Florida		4.	_		Document number
ı)						
,	Registered Agent and Registered Office shown on the records	of the	Florida	a De	pt. of St	ate:
	Mary Reid					上
	Registered Office Address (MUST BE FLORIDA STREE	ETADL	RESS	<u>S)</u>		
	1150 Duncan Road					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Punta Gorda	7.2	000			- Six o
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)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	FL		ldre	<u>ss</u> :	NO 21
)	,	FL		ldre	ss:	HIZ 21
)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	FL		ldre	ss:	MRA JUL - 3 PM 12 21
)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Greg Moro	FL		ldre	<u>\$\$</u> :	M12 21
)	Enter name of NEW Registered Agent and/or NEW Registered Moro  NEW Registered Office Address:  1150 Duncan Road	red Off	ice ad	ldre	<u>\$\$</u> :	M12 21
)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Greg Moro  NEW Registered Office Address:	red Off		Idre	<u>\$\$</u> :	W 21
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li ge we	Enter name of NEW Registered Agent and/or NEW Registered Moro  NEW Registered Office Address:  1150 Duncan Road  Punta Gorda  Punta Gorda  imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member	red Offi	982 of the sistere ity cone itm	Stand of	ate of F office a sany, it	lorida, it is hereby confirmed that after after the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided it

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