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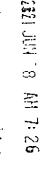
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O SIMMONS
JUL 1 3 2021



COVER LETTER					
	istration Section sision of Corporations		•		
SUBJECT:	DATA DEVICE, L.L.C.				
Name of Limited Liability Company					
Dear Sir or l	Madam:				
The enclose	d Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.		
Please return	n all correspondence concerning this m	atter to the fol	llowing:		
EDUARDO	GONZALEZ				
	Name of Person		-		
FLORIDA C	ORPORATE REGISTERED AGENTS, L	LC.			
<u>.</u> .	Firm/Company		_		
8323 NW 12	STREET, SUITE 102				
	Address		-		
DORAL, FL	33126				
	City/State and Zip Code		_		
E.GONZALE	EZ@GRC-CPA.COM				
E-mail	address: (to be used for future annual	report notifica	ation)		
For further i	nformation concerning this matter, ple	ase call:			
EDUARDO (GONZALEZ	305 at (477-6969		
<u> </u>	Name of Person		Area Code & Daytime Telephone Number		
Reg Div P.O	iling Address: gistration Section ision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	closed is a check for the following am	ount:			
≅ \$	25 Filing Fee	3 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.

. (a)	8323 NW 12 STREET. SUITE # 102	(b) 8323 N	W 12 STREET, SUITE # 102
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\-, <u>-</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DORAL, FL 33126	DORAI	L, FL 33126
	07/20/1999	 L990000	04595
	Date of filing/registration in Florida	4.	Document number
	ROBLEDO, ANTHONY		
, (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	-
	3901 NW 79TH AVENUE, SUITE 104		- 1:26
	DORAL , F	L ³³¹⁶⁶	
(b)	FLORIDA CORPORATE REGISTERED AGENTS. LLO	2.	
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
	NEW Registered Office Address:		
	8323 NW 12 STREET, SUITE 102		
	DORAL	_33126 L	
hange gent v /as/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization of the operating agreement of the	e registered office iability company, of the limited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Sign	thre of a member or authorized representative of a member		Printed or typed name of signee
here.	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I	e pertormance of a	apacity. I further agree to comply with the

Signature of Registered Agent