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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		

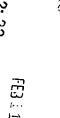




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SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations					
DBHH Properties, LC SUBJECT:					
Nam	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Kelly Hooper					
Name of Person					
BishopBeale					
Firm/Company					
250 North Orange Avenue, Suite 1500					
Address					
Orlando, FL 32801					
City/State and Zip Code					
kelly@bishopbeale.com					
E-mail address: (to be used for future ann	ual report notification)				
For further information concerning this matter,	please call:				
Kelly Hooper	407 426-7702				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
△ \$25 Filing Fee	□ \$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.

1. N	lame of the limited liability company: DBHH Prope	rties, LC		_
2. (a)	-recently changed via e-mail to Sunbiz	(b)	-recently changed via e-mail to Sunbiz	
<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)	
	250 North Orange Ave., Suite 1500		250 North Orange Ave., Suite 1500	
•	Orlando, FL 32801		Orlando, FL 32801	_
	5/19/05	L	.99000005343	
3.	Date of filing/registration in Florida	—	Document number	
5. (a	、William D. Bishop 🔪			
J. (a	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:	
	1321 Edgewater Dr.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	Suite 2			
	Orlando, FL	32804		
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	<u>*ess</u> :	
	250 North Orange Ave.		15 15	
	NEW Registered Office Address:	_	ECRE LAH	
	Suite 1500		2	יר די
	Orlando	32801	S PH	
		<u> </u>		
the chagent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registed iability control of the limit	ered office and the business office of the register npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
	nature of a member or authorized representative of a member		Printed or typed name of signee	_
I her provi the ol to me	eby accept the appointment as régistered agent and ag sions of all statutes relative to the proper and complete bligations of my position as régistered agent as provide rely reflect a change in the registered office address, l ed in writing of this change.	ree to act i e performan ed for in Cl hereby con	in this canacity. I further garee to comply with the	ne ept ed
Sional	ture of Registered Agent			