DOCUMENT # L	9900006533	· · · · · · · · · · · · · · · · · · ·		ND _ED
. Entity Name		· •	DO NAV LA	
DASON ONE, LLC	· ·	<u>i</u> v v *	OO MAY 12	PM 1:19
	N 4 - 19		SECRETARY TALLAHASSI	OF STATE
rincipal Place of Business 22 BOBWHITE LANE	Mailing Address 622 BOSWHITE LANE		IMGLARASS(	L. FLURIUA
UNTINGTON VALLEY CA 19006	HUNTINGTON VALLEY	CA 19006	- '	
Principal Place of Business	A D 3. Mailing Address	· • •		n de la constant de l La constant de la cons
Suite, Apt. #, etc.	Suite, Apt. #, etc.	···	DO NOT WRITE IN	THIS SPACE
City & State	City & State		4. FEI Number	Applied For
MIAMI PI			GV-095439	Not Applicable
SZITL DATO		Country	5. Certificate of Status Desired	<b>\$5.00</b> Additional Fee Required
6. Name and Address	e of Current Registered Agent	Name	7. Name and Address of New Registe	ered Agent
SMALLON, ALLISON		· · · · · · · · · · · · · · · · · · ·	ss (P.O. Box Number is Not Acceptable)	
777 BRICKELL AVE., STE 1114				
MIAMI FL 33137		City	<u></u>	Zip Code
			·	FL Zip Code
The above named entity submits this	statement for the purpose of changing	its registered office or regi	stered agent, or both, in the State of Florida.	
IGNATURE	registered agent and title if applicable. (N	OTE: Registered Agent signature req	ulred when reinstating)	ATE
IGNATURE Signature, typed or printed name of				ATE
IGNATURE Signature, typed or printed name of	FILE	OTE: Registered Agent signature req NOW!!! FEE IS \$50.0 Payable to Departmen	00	ATE
Signature, typed or printed name of	FILE	NOW!!! FEE IS \$50.0	00	
Signature, typed or printed name of MANAC		NOW!!! FEE IS \$50.0 Payable to Departmen	ADDITIONS/CHAP	NGES
MANAC MANAC THE SHEUM A WHE ON BOBM	FILE Make Check F BING MEMBERS/MEMBERS SMA (I UW Debote WAT COME MGA	NOW!!! FEE IS \$50.0 Payable to Departmen 10. / TITLE NAME STREET ADDRESS	ADDITIONS/CHAP ADDITIONS/CHAP 9000328 -06/12/00-	NGES □ Change □ Addition 3:3:5:310 01008005
Signature, typed or printed name of MANAG TLE AME FREET ADDRESS TY-ST-ZIP HUMMAG	FILE Make Check F SING MEMBERS/MEMBERS SMA ((UN Deboo Whith Care MGA WORK (A 14006	NOW!!! FEE IS \$50.0 Payable to Departmen 10. / TITLE NAME STREET ADDRESS CITY- ST-ZIP	ADDITIONS/CHAP ADDITIONS/CHAP 9000328 -06/12/00-	NGES ☐ Change ☐ Addition 3 5 5 9 10 01008005 0 ******50.00
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