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03 JUN 11 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Damian Enterprises LLC

PO Box 11497

Tampa, FL 33680

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

(Business Entity Name)

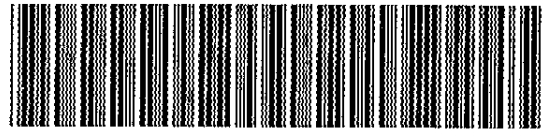
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is: DAMIAN ENTERPRISES, LLC
2. The mailing address of the limited liability company is : 1603 MAIN ST.  
VALRICO, FL 33594
3. Date of filing/registration in Florida 4-4-02
4. Document number MO2000000821
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  
MARIA HAMEL  
Name  
THE FINANCIAL CENTER 2201 W. BUSCH BLVD., SUITE 10  
Address  
TAMPA, FL 33618  
City, State and Zip
6. The name and address of the new registered agent and/or office:  
DAVID SIMMONS  
Name  
1603 MAIN ST.  
Florida street address (P.O. Box NOT acceptable)  
VALRICO FL 33594  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David Simmons  
(Signature of a member or authorized representative of a member)

DAVID SIMMONS  
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Simmons  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314