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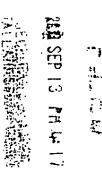
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## **COVER LETTER**

COVER LETTER 200
TO: Registration Section Division of Corporations  Suppose Milia Strange of Strange of Management (Section 1)
SUBJECT: David Sutherland Snawrooms - Dania, LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Torrey Denser Name of Person
David Sutheland Showrooms - Danie LC Firm/Company
1600 Viceroy Dr., Suite 500 Address
Dallas, TX 75235
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Torrey Dunson at (214) 389.4277
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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. Name of the limited liability company:	David Sutherlan	d She	wrooms-	Dania,	LLC	
2. (a) 1600 Viceroy Dr., Suite	500	1600	Vicerou	Dr. S	aite 500	
Principal office address of limited lia (Note: MUST BE STREET A	bility company:	, <del></del> .	Mailing addres		iability compa	
Dallas, TX 75235	<u>551505</u> /	Dallas		75235	A PICE BOX	,
				. , 2 3 3		
			·- • · · · · · · · · · · · · · · · · · ·			
01/19/2005	<del></del>	M05	000000	28 <u>1</u>		
3. Date of filing/registration in	Florida 4.		Document i	number		
5. (a) CT Corporation Su Registered Agent and Registered Office show	stem	D	_			
registered Agent and registered Office show	at on the records of the Piorida	Dept. 01 Sta	τε:			
Registered Office Address (MUST BE FI	ORIDA STREET ADDRESS)		<del>-</del>		22	
1200 South Pine Is	land Rd.		_		27. E	,
Plantation	FL 3332	24	_		The Part of the Pa	
1 L. 1			_			اند م
(b) <u>Megistered Agents</u> 1  Enter name of <u>NEW Registered Agent</u> and/o	NC . r NEW Registered Office add	ress:	-			Z ( )
		<u>. 440</u> ,				10年 元
NEW Registered Office Address:			_			
7901 4th St. N. Swi-	te 300					
<u> </u>	· <del>( )</del>	·····	_			
St. Petersburg	, FL_ 33.70	2				
If the limited liability company is not organize	ed under the laws of the 5	State of F1	- orida, it is he	rehv confir	rmed that af	ter .
the change or changes are made, the Florida sagent will be identical. Or, in the case of a F	street address of the regist lorida limited liability con	ered offic	e and the bus	iness office	e of the regi	istered
was/were authorized by an affirmative vote of the articles of organization or the presenting a	f the members of the limit	led liabilit	v company o	r as otherw	rise provide	d in
Latoma			Laura S	nuler		
Signature of a member or authorized representative of				•		
I hereby accept the appointment as registere provisions of all statutes relative to the proper the obligations of my position as registered a	d agent and agree to act i or and complete performati	n this cap nce of my	acity. I furth duties, and I	er agree to am Jamilia	comply with and i	th the accept
provisions of all statutes relative to the prope the obligations of my position as registered a to merely reflect a change in the registered of notified in writing of this change.	fice address, I hereby cor	ifirm that	the limited li	ability com	ent is peting pany has b	; јиеа еен
Signature of Registered Agent	ane.					