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J. SAULSBERRY EXAMINER

DEC 20 2011

COVER LETTER

Division of Corporations	
SUBJECT:	DEVAL LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
DEBORAH GA	
Name of Person	
DEVAL LL Firm/Company	<u>.c</u>
9094 MOLETBAR R	ALS: 201
8081 WOLFTRAP R Address	St GRE TARY ALL AHASSE
VIENNA VA 2	2182 E O A
City/State and Zip C	
dgarcia@dev E-mail address: (to be used for future a	al.us
For further information concerning	this matter, please call:
DEBORAH GARCIA	at (703) 962-1890
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for th	e 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 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.

Name of the limited liability company:	DEVAL LLC
2. (a) Principal office address of limited liability com	pany:
(Note: MUST BE STREET ADDRESS)	8081 WOLFTRAP RD, STE #100 VIENNA VA 22182
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	8081 WOLFTRAP RD STE 100 VIENNA, VA 22182-5182
02/14/2008	M0800000748
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	GARCIA, MILAGROS
Registered Office Address:	14210 TANJA KING BOULEVARD ORLANDO, FL
(b) Enter name of NEW Registered Agent and/or NEW Registered Agent:	BARBARA KEMRY.'
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1750 Tree Blvd., Suite 7 St. Augustine ,FL32084
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating afterment of the limited liability company or the operating afterment of the limited liability compositions of amender DEBORAH GARCIA Printed or typed name of signee I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I amiliar with and accept the obligations of my Chapter 60k, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.
Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00