M0900000 3302

(Requestor's Name)		
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PICK-UP WAIT	MAIL	
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(Document Number)		
Certified Copies Certificates	of Status	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Dominion P. Name of Lin	mited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Alice Adams Name of Person			
Daniaion Riziet	<u>suc</u>		
2326 Bellevue Ave. Address			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Alice Adams at (386) 257-5504			
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	rananassee, riorida 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. Na	une of the limited liability company: Dominica Bir	ejets LIC
2. (a)	(b)	J .
	Principal office address of limited liability company: (Note: MUST BE STREET (DDRESS)	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	232x Belleyue Ave	
	Daytona Bob. Fl 32114	
3.	- April 9 2019 M09	-3302
5. (a)	Dail of filing/registration in Florida 4.	Document number
	Registered Agent and Registered Office shown on the recents of the Florida Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	₹ (r)
	2326 Bellevine Ave	(C) H T
	Deifora Beh 11 33/14	ASSET I
(b)	Gary Yelvington	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	2: 30 2: 30 STAIL COPIO
	NEW Registered Office Address:	>
	El	
	, FL	
the cha agent w was/we	mited liability company is not organized under the laws of the State of Flo age or changes are made, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
the arti L.Ha	ties of organization of the operating agreement of the limited liability com	Printed or typed name & signee
he obli o mere	y accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my d gations of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address. Thereby confirm that to in whithy of this <u>dhange.</u>	more and from tennificar with and some
Signatur	e of Reported Agen	

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