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SECRETARY OF STATE OF STATE OF CORPORATIONS

C. LEWIS

SEP 18 2012

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: D & V Williams, 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:
DAVID F. WILLIAMS Name of Person
Firm/Company
3750 HINVIEW DRIVE
Columbus OH 43220 City/State and Zip Code
DWILLIAMS @ WWWILLIAMS - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVID F. WILLIAMS at (614) 457-3000 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee & Certified Copy

INHS18 (5/08)

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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2. (a) Principal office address of limited liability company	V WILLIAMS, LLC
2. (a) Principal office address of limited liability company	: 3750 HILVIEW DR.
(Note: MUST BE STREET ADDRESS)	COLUMBUS, OH 43220
(b) Mailing address of limited liability company:	3750 HILLUSEN Dr.
(Note: MAY BE POST OFFICE BOX)	COLUMBUS, OH 43220
Octoren 25 2011 3. Date of filing/registration in Florida	M 1100000 5363 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	(TEORPONATION SYSTEM
Registered Office Address:	1200 South PINE ISLAND Rd. PLANTATION FL 33324
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:
NEW Registered Agent:	Andrew W. Williams
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1575 Indian KiVER Blud C-240 VERO BEART ,FL 32960
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote wise provided in the articles of organization /.
Signature of a member or authorized representative of a member	_
PATRICIA W. French	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	ngree to act in this capacity. I further agree to oper and complete performance of my duties, still on a segistered agent as provided for in crely reflect a change in the registered office when the seen notified in writing of this change.
Signature of Registered Agent	2 SE
Division of Cornerations P.O. Roy 63	127. Tallahassee, FL 32314

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