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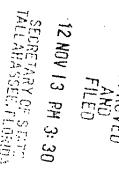
(Re	questor's Name)	•
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PICK-UP	☐ WAIT	MAIL
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D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SEFL, LLC 4/b/a DWSEFL, 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:		
Name of Person		
SEFL, LLC Firm/Company		
PO Box 429 Address		
Sullivas, Mb 63080 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (573) 468 8012 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 \$\square\$ \$55 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.

Name of the limited liability company:	DW SEFL, LLC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	SOUE, PACK Pd Plant Chy, FL 33563	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.D. Box 429 Sullivan, MD 63080	
3. Date of filing/registration in Florida	M 1200000 3856	
5. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
Registered Agent:	Relaecca Medlin	
Registered Office Address:	21643 EXECUTIVE Blud Leasing, FL 34748	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address:	V Registered Office address: SECRET NOV SELECTION OF THE SECRET SELECTION OF THE SECRET SELECTION OF THE SECRET SELECTION OF THE SECRET SELECTION OF THE SELECT	
(MUST BE FLORIDA STREET ADDRESS)	Plant City ,FT 33563	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identi liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office	
Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	
Signature of Registered Agent		

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