Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations		<u> </u>
	Fax Number : (850)617-6383		
From:			EL PAIGE
	Account Name : C T CORPORATION SYS	STEM	70
	Account Number : FCA000000023		₽ ¹
	Phone : (512)418-6949 Fax Number : (954)208-0845		177
an	the email address for this business enual report mailings. Enter only one email Address: LLC REGISTERED AGENT	email address pl	d for future ease.**
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Corporate Filing Menu

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Electronic Filing Menu

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 understgned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company: Mr. David's Floc	ring S.E., LLC			
			Mailing address of limit		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limits (Note: MAY BE POS	ed liability company: STOFFICE BOX)	
	88 RIBERIA ST, STE. 300	CT ATEMISTING FL 32684			
	ST, AUGUSTINE, FL 32084				
	09/24/2014		M14000006928		
3,	Date of filing/registration in Florida	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records o		· .		
. (.,)	Registered Agent and Registered Office shown on the records o NATIONAL REGISTERED AGENTS, INC.	t'the Morida Dep	it, of State:	1	
	Registered Office. Address ONUST BE FLORIDA STREET				
	1200 SOUTH PINE ISLAND RD.	<u> </u>		t	
	PLANTATION F	33324			
	C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road				
	Plantation, F				
the chagent was/withe an	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members liches of organization or the operating agreement of the member of a member or authorized representative of a member	aws of the Sto of the register liability comp s of the limited ne limited liab	ate of Florida, it is hereby conditioned and the business iany. It is hereby confirmed diability company or as of litty company: H. BERK, AUTHORIZED B. Printed or typed name and the confirmed nam	I than the change(s) herwise provided in EPRESENTATIVE of signee	
provi: the ob to nie: notific	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple sligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	ded för in Cha Thereby conf	ipler 605, F.S. Or, if this of irm that the limited liabilit	miliar with and accept ocument is being filed company has been	
y: CTC	Comporation System James Manager Assis	s M. Hal tant Secreta	ary Piti		
	Distriction of Communications & D. O.	Roy 6327=	Tallabassee, FL 32314		

Division of Corporations P.O. Box 6327 Tallahassee, FL 3231 FILING FEE: 325.00