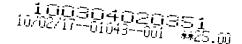
# MIL 000007864

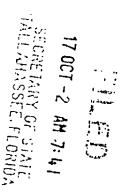
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100304020351





00T 0 3 2017 J SHIVERS TO: PHYŞICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

**Division of Corporations** 

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Tuesday, September 26, 2017

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

#### For DLM HOME SOLUTIONS, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

## Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502

### **COVER LETTER**

_	ation Section on of Corporations	
SUBJECT: C	DLM HOME SOLUTION	IS, LLC
		e of Limited Liability Company
Dear Sir or Ma	dam:	
The enclosed R	egistered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return al	I correspondence concerning thi	s matter to the following:
Christophor	D. and Susan L. Whalen	
	Name of Person	
DLM HOM	E SOLUTIONS, LLC	
	Firm/Company	
1557 E. B	reezy Lane	
	Address	<del></del>
West Palm	n Beach, FL 33417	
	City/State and Zip Code	
E-mail ad	dress: (to be used for future annu	ual report notification)
For further info	ormation concerning this matter,	please call:
	Name of Person	at () Area Code & Daytime Telephone Number
Registr Divisio Clifton 2661 E	ett/COURIER ADDRESS: ration Section on of Corporations Building xecutive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclos	ed is a check for the following	amount:
<b>Д</b> \$25	Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)		

### 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.

a)	1557 E. BREEZY LANE	(b)	
11)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WEST PALM BEACH, FL 33417		
	09/30/2016	<del>-</del>	
	Date of filing/registration in Florida	4.	Document number
a)	BUSINESS FILINGS INCORPORATED		
a,	Registered Agent and Registered Office shown on the record	is of the Florida Dept. o	of State:
	200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	<del></del>
	PLANTATION	, <sub>FL</sub> 33324	
		, r L	OCT - AHAA
b)	Registered Agents Inc.		-2 ARY SSE
,	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	
	3030 N. Rocky Point Dr.		OCT -2 AM 7:41  CHETARY OF STATE LAHASSEE.FLORIDA
	NEW Registered Office Address:		
	STE 150A		
	Tampa	, <sub>FL</sub> 33607	
ha we arti	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of ture of a member or authorized representative of a member	es of the registered ed liability companyers of the limited liability the limited liability.	office and the business office of the registery, it is hereby confirmed that the change(s) ability company or as otherwise provided by company.  Printed or typed name of signee
ret isi	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address	lete performance o vided for in Chapte	f my duties, and I am familiar with and act of 605. F.S. Or, if this document is being fi