5/9/22, 4:59 PM

Please printitions page and un

Florida Repartment of State



H220001669733ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE **DUIT MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Id colorion

Electronic Filing Menu Corporate Filing Menu

Help

pg 2 of 3 H22000166973 3

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Duit Management LLC

15129570210

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:

Mary Castillo
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, TX 78735
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo	888 at (705-7274
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 □ \$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.

I. Na	me of the limited liability company: Duit Mana	ageme	ent LLC			
2. (a)	6250 INDUSTRIAL BLVD.	(h	_(b) P.O. BOX 3788			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) EDMOND, OK 73034			Mailing address of I	limited liability co	
3.	5/15/2017 Date of filing/registration in Florida		M1700	0006575	nber	
5. (a)	C T CORPORATION SYSTEM					
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAR Registered Office Address (MUST BE FLORIDA STREET)	AD		e: -	·÷,	20
	PLANTATION 55	3332	4	-	b *	H 22
(b)	Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered 155 Office Plaza Dr.	d Office ad	dress:	-	7. V.	0:21 HAY 10 PH 12:0
	NEW Registered Office Address:			_		=
	Suite A			_		
	Tallahassee	_L 3230	1	-		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regi iability co of the lin	stered offic impany, it i iited liabilit	e and the busine is hereby confire ty company or a:	ess office of the med that the ch	registered ange(s)
s/ Je	effrey Taylor	Jef	frey Taylo		Manager	=
•	ture of a member or authorized representative of a member			Printed or typed t	-	ا. د. د
provisa the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	e nertorm	ance of my	duties and Lon	n familiar with	and accept

Signature of Registered Agent