M1800000 6649

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

·

Office Use Only



000320113060

10/29/18--01049--013 **35.00

TILED

18 OCT 29 PH 4: 13

SECRETARY OF STATE

BL. VORISEK NOV 1 5 2018

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	Davis Wince, LTD LLC		
	Name of Cor	poration	
DOCU	M1800006649 UMENT NUMBER:		
The en	nclosed Statement of Change of Registered Office/	Agent and fee a	re submitted for filing.
Please	return all correspondence concerning this matter t	o the following	:
	Matthew Canterna		
	Name of Conta	act Person	_
	Davis Wince, LTD LLC		
	Addre	S\$	
	E-mail address: (to be used for fut	ure annual rep	ort notification)
For fur	rther information concerning this matter, please ca	11:	
Susan	n R. Mihalik	614	785-0505) & Daytime Telephone Number
	Name of Contact Person	Area Code	& Daytime Telephone Number
Enclose	sed is a \$35.00 check made payable to the Departm	ent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clistor 2661 E	Address: Iment Section on of Corporations Building Executive Center Circle
		Tallah	assee, FL 32301

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)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1466 MANNING PARKWAY POWELL, OH 43065 M18000006649		
	(<u>Note: MUST BE STREET ADDRESS)</u> 1466 MANNING PARKWAY	1.4			
	POWELL, OH 43065	P(
	07/20/2018	M18			
	Date of filing/registration in Florida	4.	Document number		
(a) (b)	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records of 1201 HAYS ST.	t. of State:			
	Registered Office Address (MUST BE FLORIDA STREET		IAC 1		
	TALLAHASSEE , FI	L ³²³⁰¹		18 OCT 29 TORE JAKY LAHASSE	
	MATTHEW R. CANTERNA		29 PH 4: ANY OF STATE STEEL FLORE		
	Enter name of NEW Registered Agent and/or NEW Registered	;			
	2295 S. HIAWASSEE RD., SUITE 310				
	NEW Registered Office Address:			•	
	ORLANDO , FI	32835			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

MATTHEW CANTERNA, PARTNER, CFO

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member