M21000005052

(Re	(Requestor's Name)		
(Ad	dress)		
	dress)		
(Au	uless)		
(Cit	y/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
	ain and Entity Mana		
(Bu	siness Entity Nam	ie)	
(Do	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
		Ì	
•			
 		Ì	
		-	
{			
<u> </u>			

Office Use Only



100370012021

87/18/21--01012--001 ******25.00

1606/ED/RD

2021 JUL 16 PH 6: 17

COVER LETTER

TO: Registration Section Division of Corporations		
DAYTONA 633, LLC		
Name	e of Limited Liab	pility Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the fol	llowing:
LEIGH H. SAVAGE. ATTORNEY		
Name of Person		-
DBS ATTORNEYS		
Firm/Company		-
10 SOUTH MAIN STREET, SUITE 401		
Address		-
MOUNT CLEMENS, MI 48043		
City/State and Zip Code		-
LHSAVAGE@DBSATTORNEYS.COM		
E-mail address: (to be used for future annu	aal report notified	ition)
For further information concerning this matter,	please call:	
LEIGH H. SAVAGE, ATTORNEY	586 at (489-3877
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	amount:	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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.

l. Na	me of the fimited liability company:DAYTON \$\frac{1}{4}\text{0.33. L}	rc.		
2. (a)	2140 S. PALMETTO AVE		(b) 2140 S. PALMETTO AVE.	
<u>.</u> . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	DAYTONA, FL 32119		YTONA, FL 32119	
	01/29/2021		000005052	
,	Date of filing/registration in Florida	- 4.	Document number	
3. 5. (a)	LASALA, DINO	4.	Document named	
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	, of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 5331 VISTA CLUB RUN	ADDRESS)		
	SANFORD , FL			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address		
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · ·	
	2140 S. PALMETTO AVE.			
	DAYTONA, FI	32119		
change agent v was/wi	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State registered of ability compa of the limited limited liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
	ture of a member or authorized representative of a member	LEIGH I	Printed or typed name of signee	
Lhere provisi the obi to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	- 19771157111999117791777	us capacity. I further agree to comply with the	