## m220000 15367

(Requestor's Name)				
(Address)				
(Address)				
(1	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL	-		
([	Business Entity Name)	_		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer				
J DEIWille				
	SEP 1 U 2020			





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## COVER LETTER

TO: Registration Section

SUBJEC	DRAH KROW LLC					
SUBJEC		Name of Limited Liability Company				
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered Office (	Change and fee(s) are submitted for filing.				
Please ret	turn all correspondence concerning this m	atter to the following:				
	Name of Person					
	COGENCY GLOBAL INC.					
	Firm/Company					
	115 North Calhoun Street, Suite 4					
	Address					
	Tallahassee, FL 32301					
	City/State and Zip Code					
	dlittwin@dugganbertsch.com	<del></del>				
E-n	nail address: (to be used for future annual	report notification)				
For furth	er information concerning this matter, ple-	ase call:				
	·	at (				
-	Name of Person	Area Code & Daytime Telephone Numbe				
S	STREET/COURIER ADDRESS:	MAILING ADDRESS:				
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	Hifton Building	P.O. Box 6327				
	2661 Executive Center Circle Fallahassee, Florida 32301	Tallahassee, Florida 32314				
F	Enclosed is a check for the following am	ount:				
ַ	□ \$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.

Name of the limited liability company:		DRAH KROW LLC			
2. (a)	11995 MAIDSTONE COURT	(b)	11995 MAIDSTONE COURT		
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	NAPLES, FL 34120	_	NAPLES, FL 34120		
	10/05/2022		M22000015367		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	DUGGAN BERTSCH PLLC				
<i>51</i> ( <b>u</b> )	Registered Agent and Registered Office shown on the records of t	he Florida Dept, of	State:		
	875 109TH AVENUE <b>N</b> .				
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	<del></del>		
	Suite 302				
	NAPLES FL.	34108			
(b)	Cogency Global Inc.		FIL 2023 SEP 14		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		Hast.		
	115 North Calhoun Street, Suite 4	1	<u></u>		
	NEW Registered Office Address:		OF STAL		
	Tallahassee FD	32301	ر. من غرب		
the cha agent v was/we	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o	vs of the State of the registered of ability company of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in		
the arti	icles of organization or the operating agreement of the	limited liability			
Siona	/S/ James M. Duggan Signature of a member or authorized representative of a member		James M. Duggan  Printed or typed name of signee		
I here, provisi the obl to mere	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If the writing of this change.	vee to act in this performance of I for in Chapter vereby confirm i	conacity. I further agree to comply with the		
	/S/ Sean Chase				
Signatu	re of Registered Agent				