

M/6000007463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

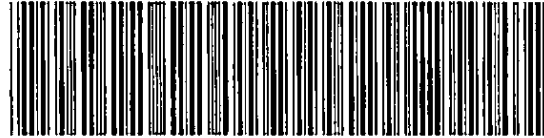
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 SEP 29 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 02 2017

TO: PHYSICAL: 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: Monday, September 25, 2017

*SENT VIA USPS*

To Whom It May Concern:

Attached, please find the following document(s):

- Change of Registered Agent

For **DPC INVESTMENTS, 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

TO: Registration Section  
Division of Corporations

SUBJECT: DPC INVESTMENTS, LLC

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:

DONNA P. CHOY

Name of Person

DPC INVESTMENTS, LLC

Firm/Company

73-1165 OLUOLU ST

Address

KAILUA KONA, HI 96740

City/State and Zip Code

dpchoy2003@yahoo.com

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

For further information concerning this matter, please call:

DONNA CHOY

Name of Person

at ( 808 )

896-7965

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

# 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.

1. Name of the limited liability company: DPC INVESTMENTS, LLC

2. (a) 73-1165 OLUOLA ST (b) (SAME)  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

KAILUA KONA, HI 96740

3. 09/19/2016 4. M16000007463  
Date of filing/registration in Florida Document number

5. (a) BUSINESS FILINGS INCORPORATED  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH OINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LYNN HAVEN, FL 32444

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. Rocky Point Dr.

NEW Registered Office Address:

STE 150A

Tampa, FL 33607

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Donna P Choy  
Signature of a member or authorized representative of a member

DONNA P CHOY  
Printed or typed name of signer

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.

Bill Havre Bill Havre - Assistant Secretary  
Signature of Registered Agent