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WR



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 10, 2004

SHANE WILLIAMS
20 N ORANGE AVE., 14TH FLOOR
ORLANDO, FL 32801

SUBJECT: DATA PORTALS PROJECT, L.L.C.
Ref. Number: L01000002659

We have received your document for DATA PORTALS PROJECT, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 004A00032224

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DATA PORTALS PROJECT, LLC
(Name of corporation)

DOCUMENT NUMBER: 40100000 2659

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHANE WILLIAMS
(Name of person)

MATRIX NETWORK
(Name of firm/company)

20 N ORANGE AVE, 14TH FLOOR
(Address)

ORLANDO FL 32801
(City/state and zip code)

For further information concerning this matter, please call:

SHANE WILLIAMS at (407) 843-8000
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Data Portals Project, LLC
2. The mailing address of the limited liability company is: 20 N. Orange Ave.,
14th Floor, Orlando, FL 32801

2/19/01

L01000002659

3. Date of filing/registration in Florida _____ 4. Document number _____
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: _____

William F. Poole IV

Name _____

195 Wekiva Springs Road Suite 204

Address

Longwood, FL 32779

City, State and Zip

6. The name and address of the new registered agent and/or office:

Dean Meade Services, LLC

Name

800 N. Magnolia, Suite 1500

Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32803

City, State and Zip

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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.

(Signature of a member or authorized representative of a member)

ARND C. Fyfe JR August 2009 Asst
(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 608, 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.

DERMIS MEANS SERVICES LLC
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314