

LD10000012901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

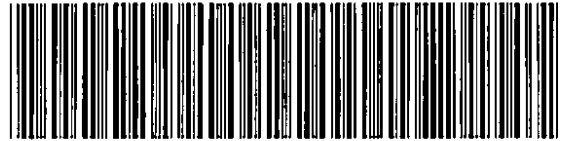
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2018

THE LOCKWOOD LAW FIRM
JOHN LOCKWOOD
106 E COLLEGE AVE, STE 810
TALLAHASSEE, FL 32303

SUBJECT: DFMMJ INVESTMENTS, LLC.
Ref. Number: L01000012901

We have received your document for DFMMJ INVESTMENTS, LLC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 318A00015137

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DFMMJ 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:

John M. Lockwood

Name of Person

The Lockwood Law Firm

Firm/Company

106 E. College Ave. Suite 810

Address

Tallahassee, FL 32303

City/State and Zip Code

john@lockwoodlawfirm.com

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

For further information concerning this matter, please call:

John Lockwood

at (850) 727-5009

Name of Person

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: DFMMJ INVESTMENTS, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

14810 NW 94TH AVENUE

14810 NW 94TH AVENUE

ALACHUA, FL 32615

ALACHUA, FL 32615

08/02/2001

L01000012901

3. _____
Date of filing/registration in Florida

4. _____
Document number

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

COBB EDDY, PLLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

642 N.E. 3RD AVENUE

FORT LAUDERDALE, FL 33301, FL 33301

(b) The Lockwood Law Firm

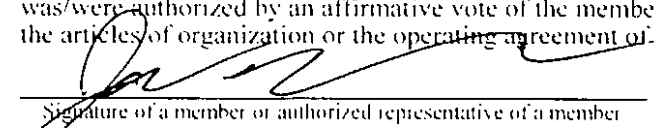
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

106 E. College Ave., Suite 810

Tallahassee, FL 32303

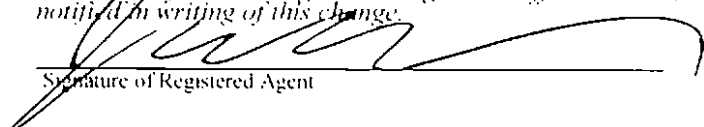
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

John M. Lockwood

Printed or typed name of signee

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.


Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00