

# LD200 00/4054



## BAY CITY CHIROPRACTIC

4343 West Henderson Blvd.  
Tampa, Florida 33629

500006064545--9  
-06/27/02--01043--006  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. DAS LLC (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- |                                    |                                       |  |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in   | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out  | <input type="checkbox"/> Will wait    | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy |                                       |  |

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

02 JUN 27 AM 10:28  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Examiner's Initials

*VB*  
*6-28-02*

**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: DD + S, LLC

2. The mailing address of the limited liability company is: \_\_\_\_\_

4343 W. HENDERSON BLVD. #180, TAMPA FL 33629

06-D7-02

L02000014054

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:

DONALD M. HARWOOD

Name

4343 W. HENDERSON BLVD.

Address

TAMPA FL 33629

City, State and Zip

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

DORIS OVALLE

Name

4343 W. HENDERSON BLVD. #180

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

TAMPA FL 33629

City, State and Zip

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.

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

DORIS OVALLE

(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.*

Doris Ovalle  
(Signature of Registered Agent)

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