

L02000025123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

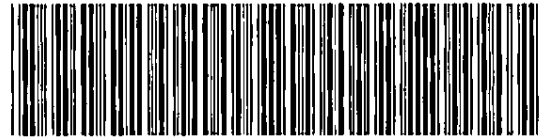
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SEP 19 2018

D. CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DCI, 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:

Michael J. Napoleone

Name of Person

Richman Greer, Professional Association

Firm/Company

250 Australian Avenue South, Suite 1504

Address

West Palm Beach, FL 33401

City/State and Zip Code

mnapoleone@richmangreer.com

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

For further information concerning this matter, please call:

Michael J. Napoleone

Name of Person

at (561) 803-3500

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

18 SEP 17 PM 11:35



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2018

MICHAEL J NAPOLEONE, ESQ.
RICHMAN GREER, PROFESSIONAL ASSOCIATION
250 AUSTRALIAN AVENUE SOUTH, STE 1504
WEST PALM BEACH, FL 33401

SUBJECT: DCI, LLC
Ref. Number: L02000025123

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

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 918A00017036

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: DCI, LLC

2. (a) 10270 Bluefield Road, Okeechobee, FL 34972 (b) same

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

9/25/2002

L02000025123

3. Date of filing/registration in Florida

4. Document number

5. (a) David C. Iglehart

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10270 Bluefield Road

Okeechobee, FL 34972

(b) Michael J. Napoleone, Esq.

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

Richman Greer, Professional Association

NEW Registered Office Address:

250 Australian Avenue South, Suite 1504

West Palm Beach, FL 33401

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.

* David C. Iglehart
Signature of a member or authorized representative of a member

David C. Iglehart, Manager

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