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(Re	equestor's Name)	<del></del>
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		8191
	Office Use Only	, Will



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## TRANSMITTAL LETTER

TO: Registration S Division of Co	ection orporations				
SUBJECT: DD Mark	eting, LLC				
JOBSEC 1		imited Liability Company)			٠
	of Amendment and fee(s) are su pondence concerning this matte				
	Rachel Cook				
•	(	Name of Person)	<del></del>		•
Frieb	is & Associates			TASE 40 40	
	,	(Firm/Company)		Alle	Ē
3890 Turt	tle Creek Drive Suite B	·		AUG 18 PM	
<del></del>		(Address)		-63	
Po	rt Orange, FL 32127			2: 38 FLORIDA	
	(City	State and Zip Code)		D;	
For further information	concerning this matter, please	call:			
Rachel Cook		at ( 386 )	788-6057 ext 206		
	(Name of Person)	(Area Code &	& Daytime Telephone N	lumber)	
Enclosed is a check for the	e following amount:				
<b>Ø</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is en	Certificate closed) Certified (	Filing Fee, e of Status & Copy al copy is enclosed)	}

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## 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 Marketing, LLC 2. The mailing address of the limited liability company is: 6 Coquina Stone Lane

01/29/2003 3. Date of filing/registration in Florida 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:

> Daniel S Friebis Name 3890 Turtle Creek Drive Suite B Address Port Orange, FL 32127 City, State and Zip Dwayne Waltrip

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

Name 6 Coquina Stone Lane Florida street address (P.O. Box NOT acceptable) Ormond Beach

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 operatifig agreement of the limited liability company.

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

Dwayne Waltrip

(Printed or typed name of signee)

Ormond Beach, FL 32174

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 Chapten 608, FyS. Or, if this accument 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.

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

FILING FEE: \$25.00