

LO4 000017402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

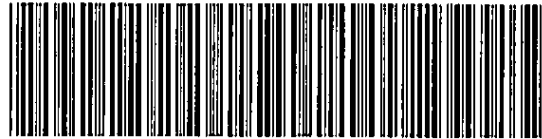
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT -2 PM 4:28

STATE OF ILLINOIS
TAXATION DEPARTMENT

Y SULKER

OCT 07 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2019

DPI OF NORTH BROWARD, LLC
102 NE 2ND ST #151
BOCA RATON, FL 33432

SUBJECT: DPI OF NORTH BROWARD, LLC
Ref. Number: L04000017402

We have received your document for DPI OF NORTH BROWARD, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 819A00019007

2019 OCT -2 PM 2:59

RECEIVED

**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: DPI of North Broward LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

102 NE 2nd Street Ste 151

Boca Raton FL 33432

Mailing address of limited liability company:

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

102 NE 2nd Street #151

Boca Raton FL 33432

3/4/2004

L04000017402

3. Date of filing/registration in Florida

4. Document number

5. (a) **Corpdirect Agents**

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

1200 South Pine Island Rd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33324

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

~~DPI of North Broward, LLC~~

Howard Dekkers

NEW Registered Office Address:

102 NE 2nd Street #151

Boca Raton, FL 33432

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.

Howard Dekkers
Signature of a member or authorized representative of a member

Howard Dekkers

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.

Howard Dekkers
Signature of Registered Agent

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

FILING FEE: \$25.00