

L040000 70500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000060435740

10/10/13 10:20

OCT 14 2013  
STATE  
IDAHO

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Exclusive DJ Services, 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:

LEONARDA MATOS  
(Name of Person)

Exclusive DJ Services, LLC  
(Firm/Company)

13350 NewCastle Ave  
(Address)

Spring Hill FLA 34609  
(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARDA MATOS at (352) 398-3202  
(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

FILED  
OCT 14 AM 11:13  
STATE  
FLORIDA

**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: Exclusive DJ Services, LLC

2. The mailing address of the limited liability company is : 13350 NewCastle Ave  
Spring Hill FL 34609

3. Date of filing/registration in Florida

L04000070500  
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:

TINA M. WOOD  
Name  
15521 Eastwood Trail  
Address  
Spring Hill FL 34604  
City, State and Zip

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

Leonarda Matos  
Name  
13350 NewCastle Ave  
Florida street address (P.O. Box NOT acceptable)  
Spring Hill FL 34609  
City, State and Zip

FILED  
OCT 14 AM 11:13  
STATE  
FLORIDA

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.

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

LEONARDA MATOS  
(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.*

Leonarda Matos  
(Signature of Registered Agent)

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

FILING FEE: \$25.00