

LDS 000074020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

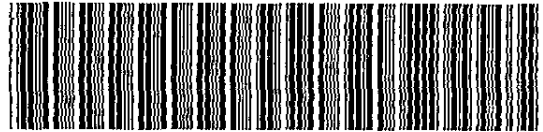
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 18 PM 12:30

N. Culligan OCT 20 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dualities 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:

John Allman

(Name of Person)

Dualities LLC

(Firm/Company)

5202 Wishart Blvd

(Address)

Tampa FL 33603

(City/State and Zip Code)

For further information concerning this matter, please call:

John Allman

(Name of Person)

at (813) 210-3070

(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

Oct. 11, 2005

TO: Registration Section
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Change of Mailing Address for Dualities LLC, a Florida Limited Liability Corporation

FROM: John Allman, managing member
Dualities LLC
5202 Wishart Blvd.
Tampa FL 33603

To whom it may concern:

Please accept this official notice of our request to change the mailing address for Dualities LLC, a Florida Limited Liability Corporation.

The current address of 1511 E. Park Circle, Tampa FL 33610 should be changed to reflect the new mailing address.

The new mailing address, as agreed upon by an affirmative vote of the managing members of the company, is: 5202 Wishart Blvd., Tampa FL 33603.

In addition, it has come to our attention that the online corporate listing is spelled DUALITLES. This is not the name of our company. Our corporate name is DUALITIES. We would request that you also make that correction as well.

Thank you very much for your prompt attention in making these changes to our corporate filing. Attached you will also find a signed Statement of Change of Registered Agent for this company, as well as a check for the \$25 filing fee.

Sincerely,


John Allman
Dualities LLC

**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: Dualities LLC
2. The mailing address of the limited liability company is: 1511 E. PARK Circle
* A Request For Change of mailing address is attached
7/27/05 LO5000074020
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:

Michelle Whalen
Name
1511 E. PARK Circle
Address
Tampa FL 33610
City, State and Zip

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

John Allman
Name
5202 Wishart Blvd.
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33603
City, State and Zip

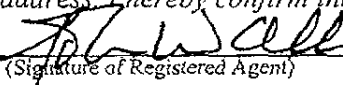
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, 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.


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

TRISHA BETTIS
(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 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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00