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(((H08000131520 3)))



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Division of Corporations

Fax Number

: (850)617-6380

from:

Account Name

: BUSH ROSS, P.A.

Phone

Account Number : I19990000150 : (813)224-9255

Fax Number

: (813)223-9620

Celeste Perrino (9999999-99999)

REGISTERED AGENT CHANGE

DS SQUARED, LLC

Certificate of Status	0
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Page Count	01
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G. MCLEOD

MAY 18 2008

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EXAMINER

5/16/2008

PAGE

(((H08000131531 3)))

COVER LETTER

To: Registration Section Division of Corporations	•	
SUBJECT: DS Squared, LLC (Name of Limited Lize	ability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.	CD)
Please return all correspondence concerning this m	atter to the following:	Vien
Celeste Perrino		925
(Name of Person)		
Bush Ross, P.A.		_ 월5
(Firm/Company)		ORPORATION
1801 North Highland Avenue		n Al
(Address)	Ö	n E
Tampa, Florida 33602		
(City/State and Zip Code)		
For further information concerning this matter, ple	ase call:	
Celeste Perrino at (813) 204-6425	
(Name of Contact Person)	(Area Code& Daytime Telephone Number)	•
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, FL 32301	Tallahassee, FL 32314	
Enclosed is a check for the following am	ount:	
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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INHS18 (8/05)

(((H08000131531 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is:	DS Squared, LLC	
2. The mailing address of the limited liability company Faupa, FL 33611	y is: 1030 S. 86th Street	
9/8/2005	L05000088883	
3. Date of filing/registration if Florida	4. Document number	•
 The name of the registered agent and the registered Department of State; 	l office address as shown on the records o	
Andrew T. Jenkins		9
220 S. Franklin Street		
Tampa, FL 33602		
6. The name and address of the new registered agent	and/or office:	08 MAY 16
Bush Ross Registered Agen	nt Services, LLC	AM
	Vame	<u>ë</u>
1801 North Highland Aven	111 0	
	P.O. Box NOT acceptable)	56
Tampa, Florida 33602		
City, St	tate and Zip	
If the limited liability company is not organized under that after the change or changes are made, the Florid offices of the registered agent will be identical. Or, hereby confirmed that the change(s) was/were authoritiability company or as otherwise provided in the ar limited liability company. (Signature of a member or authorized representative of a member of authorized representative of a member of authorized representative of a member of a member of a member of signes.)	la street address of the registered office in the case of a Florida limited liabilit- ized by an affirmative vote of the membe- ticles of organization or the operating a	and the business y company, it is are of the limited
I hereby accept the appointment as registered agent a	ind gares to act in this capacity. I further	agree to comply
with the provisions of all statutes relative to the pro- familiar with and accept the obligation of my position Of, if this document is being filed merely to reflect a that the corporation has been notified in writing of the	oper and complete performance of my	duties, and I am hapter 608, P.S I hereby confirm
(Signature of Registered Agent)		

60/90

INHS18 (8/05)

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