

107000027047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

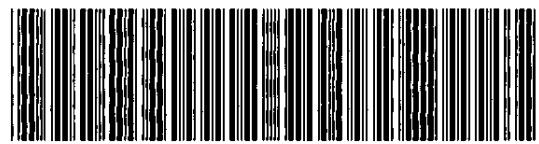
(Business Entity Name)

(Document Number)

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09 JUL 20 PH/2: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE
JUL 21 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DE Processing Solutions, 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:

Doug Blake

Name of Person

DE Processing Solutions LLC

Firm/Company

1301 E Broadway Blvd #260

Address

FT Lauderdale FL 33301

City/State and Zip Code

mrgt123@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FILED
09 JUL 20 PM 12:13
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

Doug Blake

Name of Person

at (954)

327-2937
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

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. Name of the limited liability company: DE Processing Solutions, LLC

2. (a) Principal office address of limited liability company: DE Processing Solutions, LLC

(Note: MUST BE STREET ADDRESS) 6191 Orange Drive 6169-J
Davie, FL 33314

(b) Mailing address of limited liability company: DE Processing Solutions, LLC

(Note: MAY BE POST OFFICE BOX) 6191 Orange Drive 6169-J
Davie, FL 33314

03/12/2007 L07000027047

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Doug Blake

Registered Office Address: DE Processing Solutions, LLC
6191 Orange Drive 6169-J
Davie, FL 33314

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

NEW Registered Agent: _____

NEW Registered Office Address: 1301 E Broward Blvd #260
(MUST BE FLORIDA STREET ADDRESS) Fort Lauderdale, FL 33301, FL

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.

D. Blake
Signature of a member or authorized representative of a member

Douglas Blake
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