

L070000 27847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

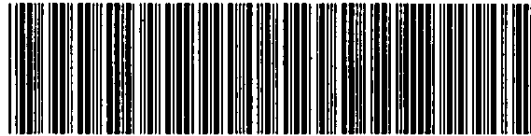
Special Instructions to Filing Officer:

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APR 10 2009

EXAMINER

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2009 APR -8 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R. DORMAN STUDIOS, 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:

ROBERT D. DORMAN
(Name of Person)

R. DORMAN STUDIOS, LLC
(Firm/Company)

6094 SABAL BROOK WAY
(Address)

PORT ORANGE, FL 32128
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT DORMAN at (386) 756-4881
(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

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SECRETARY OF STATE
TALLAHASSEE, 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. Name of the limited liability company: R DORMAN STUDIOS, LLC
2. (a) Principal office address of limited liability company: PREVIOUS ADDRESS
(Note: **MUST BE STREET ADDRESS**) 5889 S. WILLIAMSON BLVD
PORT ORANGE, FL 32128
- (b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**) SAME
3. Date of filing/registration in Florida 03/14/07
4. Document number LOT 00007847
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: ROBERT DORMAN
- Registered Office Address: 5889 S. WILLIAMSON BLVD
PORT ORANGE, FL 32128
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** ROBERT DORMAN
- NEW Registered Office Address:** NEW 6094 SABAL BROOK WAY
(**MUST BE FLORIDA STREET ADDRESS**) PORT ORANGE
FL 32128

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.

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

ROBERT D. DORMAN
(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.

Robert Dorman
(Signature of Registered Agent)

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