

**LD8000092992**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MATTHEW JOHN SOLDAVINI P A  
Account Number : 120120000037  
Phone : (239) 262-7230  
Fax Number : (239) 262-8214

MAY 9 2012  
L. SELLERS

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: James @ swflacpa.com

RECEIVED  
12 MAY -8 AM 10:01  
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TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
DYONITE, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

FILED  
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May. 8. 2012 9:27AM

Matthew John Soldavini, P.A.

No. 3212 P. 2/3

H120001261853

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DYONITE 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:

JAMES SOLDAVINI

Name of Person

MATTHEW JOHN SOLDAVINI, P.A.

Firm/Company

791 10TH STREET SOUTH, SUITE 301

Address

NAPLES, FL 34102

City/State and Zip Code

JAMES@SWFLACPA.COM

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

For further information concerning this matter, please call:

JAMES SOLDAVINI

Name of Person

at ( 239 )

262-7230

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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H120001261453

**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: DYONITE LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

2441 BELLEVUE AVENUE  
DAYTONA BEACH, FL 32114-5615 US

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

791 10TH STREET SOUTH, SUITE 301  
NAPLES, FL 34102 US

10/01/2008

L08000092942

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: HENRY R. ANTOSIK, INC.

Registered Office Address: 120 BRAEBURN CIRCLE  
DAYTONA BEACH FL 32114-7137 US

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

**NEW Registered Agent:** JAMES M. SOLDAVINI

**NEW Registered Office Address:** 791 10TH STREET SOUTH  
SUITE 301  
NAPLES, FL 34102

**(MUST BE FLORIDA STREET ADDRESS)**

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]  
Signature of a member or authorized representative of a member

BEN DYON

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]  
Signature of Registered Agent

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

FILING FEE: \$25.00

H120001261452

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MAY -8 AM 11:16  
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