

LD8000092992

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H12000126185 3)))



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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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LLC REGISTERED AGENT CHANGE
DYONITE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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**FILED
12 MAY -8 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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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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
3. Date of filing/registration in Florida

L08000092942
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

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

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 of Registered Agent

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

FILING FEE: \$25.00

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FILED
MAY - 8 AM 11:11
SECRETARY OF STATE
TALLHASSEE, FLORIDA