

LD9 000029100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

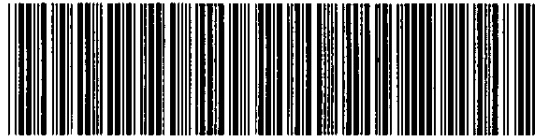
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2009 JUL 10 AM 10:56

FILE

T. CLINE

JUL 13 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dakota Joe's Cyber Center, 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:

Joseph Gomes

Name of Person

Dakota Joe's Cyber Center

Firm/Company

4487 N. Lecanto Hwy.

Address

Beverly Hills, Florida 34465

City/State and Zip Code

mgomes2@att.net

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

For further information concerning this matter, please call:

Joseph Gomes

Name of Person

at ( 813 )

924-9987

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

FILED  
2009 JUL 10 AM 10  
CLERK OF  
TALLAHASSEE, FL

**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: Dakota Joe's Cyber Center

2. (a) Principal office address of limited liability company: 4487 N. Lecanto Hwy.

☒ (Note: **MUST BE STREET ADDRESS**)

Beverly Hills, Florida 34465

(b) Mailing address of limited liability company:

☒ (Note: **MAY BE POST OFFICE BOX**)

same

March 25, 2009

3. Date of filing/registration in Florida

L09000029100

4. Document number

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

Registered Agent:

Spiegel & Utrera, P.A.

Registered Office Address:

1840 SW 22nd St.  
4th Floor  
Miami, FL 33145

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

NEW Registered Agent:

Joseph Gomes

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Dakota Joe's Cyber Center

4487 N. Lecanto Hwy.

Beverly Hills, FL 34465

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.

Maria Gomes  
Signature of a member or authorized representative of a member

MARIA GOMES  
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