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(Address)

(Address)

(City/State/Zip/Phone #)

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SEP - 1 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIVINE RE PROPERTIES LLC
Name of Limited Liability Company L10000030640

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:

DALE A. THOMPSON

Name of Person

DIVINE RE PROPERTIES LLC

Firm/Company

3985 PARKWOOD RD SUITE #109-333

Address

BESSEMER, AL 35022

City/State and Zip Code

PAPA2ALL@AOL.COM

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

For further information concerning this matter, please call:

DALE A. THOMPSON

Name of Person

at (954) 599-4341

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

NEW ADDRESS
2011 AUG 31 PM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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: DIVINE RE PROPERTIES LLC

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

(Note: MUST BE STREET ADDRESS)

3945 PARKWOOD RD

SUITE 10A-333

BESSEMER, AL 35022

NEW (b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3945 PARKWOOD RD

SUITE 10A-333

BESSEMER, AL 35022

3/19/2010

3. Date of filing/registration in Florida

L10000030640

4. Document number

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

Registered Agent:

DALE A. THOMPSON

Registered Office Address:

351 N. CONGRESS AVE

SUITE 255

BOYNTON BEACH, FL

33436

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

NEW Registered Agent:

CHERYL SAMBATARO

NEW Registered Office Address:

6381 LEE ST

(MUST BE FLORIDA STREET ADDRESS)

HOLLYWOOD, FL 33024

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.

Dale A. Thompson
Signature of a member or authorized representative of a member

DALE A. THOMPSON
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.

Cheryl Sambataro
Signature of Registered Agent

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

FILING FEE: \$25.00