

L10000073450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

OCT 21 2010

**EXAMINER**

Office Use Only



800186742778

10/19/10--01010--002 \*\*25.00

**FILED**  
10 OCT 19 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DSA ARCHERY 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:

Sara A Carpenter  
Name of Person

DSA ARCHERY LLC  
Firm/Company

P.O Box 351916  
Address

Jacksonville FL 32235  
City/State and Zip Code

dsaarchery@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara A Carpenter at ( 904 ) 228-1721  
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

**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: DSA ARCHERY LLC

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

☒

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

3632 Lightview Ln  
Jacksonville FL 32225

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

☒

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

P.O Box 351916  
Jacksonville FL 32235

7/13/2010 - Effective 7/15/2010  
3. Date of filing/registration in Florida

L10000073450  
4. Document number

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

Registered Agent: Sara A Carpenter

Registered Office Address: 3632 Lightview Ln  
Jacksonville FL 32225

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

**NEW** Registered Agent: \_\_\_\_\_

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)** 3632 Lightview Ln  
Jacksonville, FL 32225

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

Sara A Carpenter

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**

FILED  
JUL 19 PM 12:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA