

L10000112168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

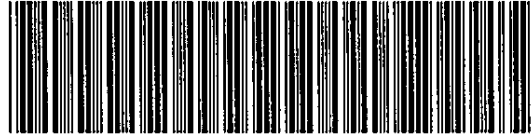
(Business Entity Name)

(Document Number)

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2012 OCT -3 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

J. BRYAN

OCT -4 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2012

ROBERT MAY
DIGITAL BANANAS LLC
11540 BEE HIVE LANE
PORT RICHEY, FL 34668

SUBJECT: DIGITAL BANANAS, LLC
Ref. Number: L10000112168

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2012 OCT -3 PM 3:31
TALLAHASSEE, FLORIDA
REGISTRAR OF CORPORATIONS

We have received your document for DIGITAL BANANAS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 912A00023890

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Digital Bananas 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:

Robert May
Name of Person

Digital Bananas LLC
Firm/Company

11540 Bee Hive Lane
Address

Port Richey, FL 34668
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert May at (727) 862-7422
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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Digital Bananas LLC

2. (a) Principal office address of limited liability company: 11540 Bee Hive Lane

(Note: MUST BE STREET ADDRESS)

Port Richey, FL 34668

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

11540 Bee Hive Lane

Port Richey, FL 34668

10/27/10
3. Date of filing/registration in Florida

L10000112168
4. Document number

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

Registered Agent:

Corporation Service Company

Registered Office Address:

1201 Hays St.
Tallahassee FL 32301

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

NEW Registered Agent:

Robert May

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

11540 Bee Hive Lane
Port Richey, FL 34668

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.

Robert May
Signature of a member or authorized representative of a member

Robert May
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.

Robert May
Signature of Registered Agent

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

FILING FEE: \$25.00

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2012 OCT -3 PM
TALLAHASSEE, FL