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SECRETARY OF STATE DIVISION OF CORPORATION

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## **COVER LETTER**

Division of Corporations JDCDEVELOPMENT, LLC **SUBJECT:** 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: Theodore P Fowler Name of Person JDCDEVELOPMENT, LLC Firm/Company 3200 County Road 630 W Address Fort Meade, FL City/State and Zip Code dsiv5@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donna Megy Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ✓ \$25 Filing Fee \$55 Filing Fee & Certified Copy

**TO:** Registration Section

## 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:	DCDEVELOPMENT, LLC
2. (a) Principal office address of limited liability company	y: 3200 County Road 630 W
(Note: MUST BE STREET ADDRESS)	Fort Meade, FL 33841
(b) Mailing address of limited liability company:	3200 County Road 639-W ≦
(Note: MAY BE POST OFFICE BOX)	Fort Meade, FL 33841
10/27/2010	L10000112254 교 모임
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Fowler, Theodore P
Registered Office Address:	3311 Noralyn Mond Road
	Bartow,FL 33831
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3200 County Road 630 W
MOSI BE FLORIDA SIREEI ADDRESS	Fort Meade ,FL33841
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Theodore P Fowler Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing I am familiar with and accept the obligations of my polychapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent