

# L11000007599

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

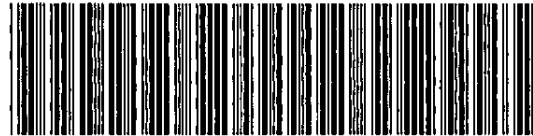
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JUL 17 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dakoda, 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:

Francisco Recio

Name of Person

Dakoda, LLC

Firm/Company

2525 Ponce de Leon Blvd, Suite 300

Address

Coral Gables, FL 33134

City/State and Zip Code

frecio@dakoda.us

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

For further information concerning this matter, please call:

Francisco Recio

Name of Person

at ( 786 )

3030017

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: Dakoda, LLC

2. (a) Principal office address of limited liability company: 2525 Ponce de Leon, Blvd

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

Suite 300  
Coral Gables, FL 33134

(b) Mailing address of limited liability company: 2525 Ponce de Leon Blvd

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

Suite 300  
Coral Gables, FL 33134

1/18/2011  
3. Date of filing/registration in Florida

L11000007599  
4. Document number

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

Registered Agent: Francisco Recio

Registered Office Address: 2525 Ponce de Leon, Suite 300  
Coral Gables, FL 33134

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

NEW Registered Agent: Francisco Recio

NEW Registered Office Address: 2525 Ponce de Leon Blvd  
**(MUST BE FLORIDA STREET ADDRESS)** Coral Gables, FL 33134  
, FL

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.

Francisco Recio  
Signature of a member or authorized representative of a member

Francisco Recio  
Printed or typed name of signer

*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.*

Francisco Recio  
Signature of Registered Agent

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