

L11 000 125 717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

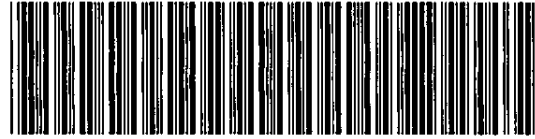
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2013 JAN 17 AM 8 44

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2013

DANIEL CHAFFEE
240 E. 2ND ST.
CHULUOTA, FL 32766

SUBJECT: DANIEL MOON CONSULTING LLC
Ref. Number: L11000125717

We have received your document for DANIEL MOON CONSULTING 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):

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 813A00000624

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DANIEL MOON CONSULTING, 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:

DANIEL CHAFFER
Name of Person

DANIEL MOON CONSULTING, LLC
Firm/Company

240 E. 2ND ST.
Address

CHULUOTA, FL 32766
City/State and Zip Code

DANIEL.CHAFFER@US.ARMY.MIL
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL CHAFFER at (321) 332 8779
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

YOU HAVE ALREADY RECEIVED MY CHECK
FOR FEES. THANK YOU.

2013 JAN 17 AM 8:44
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: DANIEL MOON CONSULTING, LLC
2. (a) Principal office address of limited liability company: 240 E. 2ND ST.
(Note: **MUST BE STREET ADDRESS**) CHULUOTA, FL 32766
- (b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**) _____
- NOV 3, 2011 L11800125717
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:

US CORPORATION AGENTS, INC

Registered Office Address:

13302 WINDING OAK CT. STE A

TAMPA, FL 33612

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

NEW Registered Agent:

DANIEL CHAFFER

NEW Registered Office Address:

240 E. 2ND ST.

(**MUST BE FLORIDA STREET ADDRESS**)

CHULUOTA

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

DANIEL CHAFFER, PRESIDENT

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