

L1200003578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

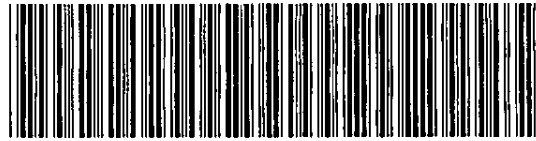
(Business Entity Name)

(Document Number)

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RECEIVED  
16 FEB 10 PM 2:11  
101 HERNON ST  
15 A ABERDEEN  
SUFFOLK COUNTY OF FLORIDA

FILED  
2016 FEB 10 A 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 11 2016  
L.D. BRYANT JR.

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 011575 7727960

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : February 10, 2016

ORDER TIME : 12:27 PM

ORDER NO. : 011575-005

CUSTOMER NO: 7727960

CHANGE OF AGENT

NAME: DFP, LLC

FILED  
2016 FEB 10 A 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DFP, 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:

William J. Bonner, Jr.

\_\_\_\_\_  
Name of Person

Spartan Organization Inc.

\_\_\_\_\_  
Firm/Company

PO Box 736

\_\_\_\_\_  
Address

Fort Washington, PA 19034

\_\_\_\_\_  
City/State and Zip Code

wbonner@spartanorg.com

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

For further information concerning this matter, please call:

William J. Bonner, Jr.

215

643-5800 (x205)

\_\_\_\_\_  
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

INHS18 (2/14)

2018 FEB 10 A 8:02  
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 605.0114 or 605.0116, 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: DFP, LLC

2. (a) 3179 Deer Creek Road (b) 3179 Deer Creek Road  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Collegeville, PA 19426

Collegeville, PA 19426

3. 03/14/2012 4. L12000035778  
Date of filing/registration in Florida Document number

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

1540 Glenway Drive,  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tallahassee, FL 32301

(b) Corporation Service Company  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
1201 Hays Street  
**NEW Registered Office Address:**  
Tallahassee, FL 32301

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.

Andrea Duloc Member  
Signature of a member or authorized representative of a member 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 605, 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.*

Melissa Zender Asst. Vice President  
Signature of Registered Agent Corporation Service Company

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