

L12000065836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

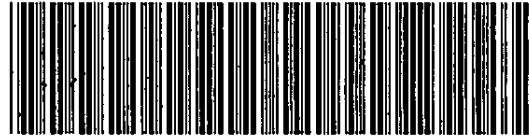
(Document Number)

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13 JUN -4 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2013

DAVID J. MAGID
DJ MAGID & ASSOCIATES, LLC
7820 VILLA D ESTE WAY
DELRAY BEACH, FL 33446

SUBJECT: DJMAGID & ASSOCIATES, LLC
Ref. Number: L12000065836

We have received your document for DJMAGID & ASSOCIATES, 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.

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

Sean Toner
Senior Section Administrator

Letter Number: 113A00012499

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DI MAGIO & Associates, 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:

DAVID J MAGIO
Name of Person

DI MAGIO & Associates, LLC
Firm/Company

7820 VILLA D'ESTE WAY
Address

DELRAY BEACH, FL 33446
City/State and Zip Code

DI MAGIO@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID J. MAGIO at (561) 637-0298
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

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: DJ MAGID & Associates
2. (a) Principal office address of limited liability company: 2820 Villa D'Este Way
(Note: **MUST BE STREET ADDRESS**) Delray Beach, FL 33446
- (b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**) Same As Above
3. Date of filing/registration in Florida: MAY 16, 2012
4. Document number: L12000065836
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: THE COMPANY CORPORATION
Registered Office Address: 2711 Centerville Road
Wilmington, DE 19808
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: DAVID J. MAGID
NEW Registered Office Address: 2820 Villa D'Este Way
(**MUST BE FLORIDA STREET ADDRESS**) Delray Beach, FL 33446

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.

David J. Magid
Signature of a member or authorized representative of a member

DAVID J MAGID
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.

David J. Magid
Signature of Registered Agent

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

Note: Sent \$35.00 check

See Attached letter

FILED
JUN - 4 AM 9:32
TALLAHASSEE, FLORIDA