

L12000115100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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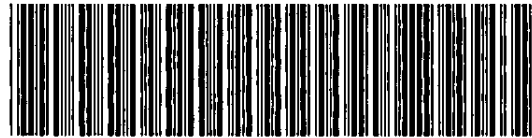
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 2 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D+T Amusements 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:

Tony Lobrillo
Name of Person

D+T Amusements, LLC
Firm/Company

12377 S. Cleveland Ave
Address

Fl. Myers, FL 33907
City/State and Zip Code

dougsorg@shade-treesunlimited.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Sorg at (260) 413-8498
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: D+T Amusement 3 LLC
2. (a) Principal office address of limited liability company: 12377 S. Cleveland Ave
(Note: **MUST BE STREET ADDRESS**) Fort Myers 33907

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

9029 Greenmeadow Dr
New Haven, CT 06774-1830

9/7/2012
3. Date of filing/registration in Florida

L12000115100
4. Document number

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

Registered Agent:

Sam Norton

Registered Office Address:

1819 Main Street Ste 610
Davenport, FL 34236

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

NEW Registered Agent:

Tony LoBrillo

NEW Registered Office Address:

12377 S. Cleveland Ave

(**MUST BE FLORIDA STREET ADDRESS**)

Fort Myers, FL 33907

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.

x Tony LoBrillo
Signature of a member or authorized representative of a member

Tony LoBrillo
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.

x Tony LoBrillo
Signature of Registered Agent

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

FILED
13 APR - 1 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA