

413000004846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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MAY 03 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Duo Solutions 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:

Frank Van Leer

Name of Person

Duo Solutions LLC

Firm/Company

1576 Bella Cruz Dr Ste 409

Address

The Villages Florida 32159

City/State and Zip Code

Carl C DuoSolutionsGroup.com

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

For further information concerning this matter, please call:

Frank Van Leer

Name of Person

at (352) 430-9449

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: Duo Solutions LLC

2. (a) Principal office address of limited liability company: 1576 Bella Cruz Dr

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

Suite 409

The Villages FL 32159

(b) Mailing address of limited liability company:

1576 Bella Cruz Dr

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

Suite 409

The Villages FL 32159

January 9th 2013
3. Date of filing/registration in Florida

L13000004846
4. Document number

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

Registered Agent:

Judith C King

Registered Office Address:

1501 Alcazar Pl
The Villages FL 32159

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

NEW Registered Agent:

Registered Agents Inc.

NEW Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

(**MUST BE FLORIDA STREET ADDRESS**)

Tampa FL 33607

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.

Cindy A. VanLeer
Signature of a member or authorized representative of a member

Cindy A. VanLeer
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]
Signature of Registered Agent

Dan Keen-President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Frank Van Leer	2231 Lowry Rd	<input checked="" type="checkbox"/> Add
		The Villages FL 32162	<input type="checkbox"/> Remove
MGRM	Arthur King	1501 Alcaraz Pl	<input checked="" type="checkbox"/> Add
		The Villages FL 32159	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 4-18-2013, _____.

Cindy A. VanLeer
Signature of a member or authorized representative of a member

Cindy A. VanLeer
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 MAY -1 PM 4:34
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MASSACHUSETTS