

L13000/35460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000262101200

07/11/14--01010--010 **35.00

FILED
14 AUG 22 AM 9:15

LLC RA Change

08/25/14

Dc

Please refund \$10 (ten dollars)
to Diana Levin, since
check was for \$35 and
filing fee is \$25

8.22.14





FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2014

DIANA LEVIN
13DIMM, LLC
7990 BAYMEADOWS ROAD EAST - UNIT 928
JACKSONVILLE, FL 32256

SUBJECT: 13DIMM, LLC
Ref. Number: L13000135460

We have received your document for 13DIMM, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 114A00016113

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 13 Dimm, 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:

Diana Levin
Name of Person

13 Dimm, LLC
Firm/Company

7990 Baymeadows Rd E #928
Address

Jacksonville Fla 32256
City/State and Zip Code

diana_levin13@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Levin at (904) 612 1291
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 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: 13 Dimm, LLC
2. (a) 7990 Bay meadows Rd E #902 (b) 7990 Bay meadows Rd E, 92.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Jacksonville Fla 32256 Jacksonville Fla 32256

3. Sep 25, 2013 Date of filing/registration in Florida
4. L13000135460 Document number

5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee FL 32301

(b) College and Tax Retirement
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Strategies LLC
NEW Registered Office Address:
3110 Spring Glen Rd
Jacksonville FL 32207

14 AUG 22 AM 9:15

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

DIANA LEVIN, managing member
Printed or typed name of signer

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.

Signature of Registered Agent LYUBH V YOUNG