10/16/23 6:59 AM Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L14000045325

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-8477

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: myoungs@ableyresidential.com

LLC REGISTERED AGENT CHANGE
DXM-NORTHLAKE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

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APPROVED AND FILED

Electronic Filing Menu Corporate Filing Menu Help

OCT 17 2023
K. Brumbley

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DXM-NORTHLAKE, 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 Barefield, Jr
Name of Person

DXM-NORTHLAKE, LLC
Firm/Company

1930 STONEGATE DR
Address

BIRMINGHAM, AL 35242
City/State and Zip Code

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

For further information concerning this matter, please call:

Michelle Youngs (205) 397-2288
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

(NHS18 (2/14)

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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: DXM-NORTHLAKE, LLC

2. (a) Principal office address of limited liability company
(*Note: MUST BE STREET ADDRESS*)
1930 Stonegate Drive
Birmingham, AL 35242

(b) Mailing address of limited liability company
(*Note: MAY BE POST OFFICE BOX*)
1930 Stonegate Drive
Birmingham, AL 35242

3. Date of filing/registration in Florida: 03/19/2014

4. Document number: L14000045325

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
James P. Panico
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)
225 E ROBINSON ST SUITE 600
ORLANDO, FL 32751

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address
National Registered Agents, Inc.
NEW Registered Office Address
1200 South Pine Island Road.
Plantation, FL 33324

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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

Frank Barefield Jr.- Authorized Signer
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.

Madison Baker, Assistant
Signature of Registered Agent

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

INHS18(2/04)

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