

L14000160156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

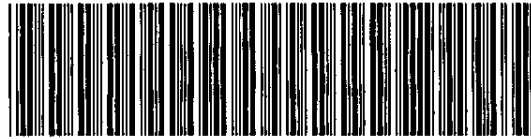
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

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FILED
15 MAR -5 PM 3:56
FALLS CHURCH, VIRGINIA

LC
RIA Chg
MAR 06 2015

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2015

JOSEPH TERNDROP
1285 LAURA LN
NICEVILLE, FL 32578

SUBJECT: DID VENTURES LLC
Ref. Number: L14000160156

We have received your document for DID VENTURES 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):

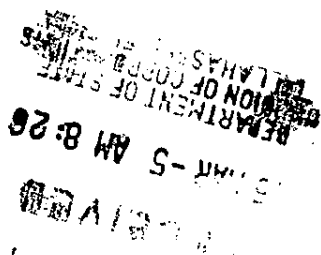
The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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.

Rebekah White
Regulatory Specialist II

Letter Number: 815A00003308



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DID Ventures 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:

Joseph Terndrup
Name of Person

DID Ventures LLC
Firm/Company

1285 Laura Ln
Address

Niceville, FL 32578
City/State and Zip Code

joseph.terndrup@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Terndrup at (214) 649-4965
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

INHS18 (2/14)

\$35 was already
paid. Please return

\$10.

Contact Rebekah White
per attached memo.

**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: DID Ventures LLC

2. (a) 1285 Laura Ln (b) 1285 Laura Ln

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Niceville, FL 32578

Niceville, FL 32578

3. Oct 14, 2014 4. L14000160156
Date of filing/registration in Florida Document number

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

321 Loblolly Bay dr
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Santa Rosa Beach, FL 32459

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

1285 Laura Ln
NEW Registered Office Address:

Niceville, FL 32578

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.

Joseph Terndrup
Signature of a member or authorized representative of a member

Joseph Terndrup
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.

Joseph Terndrup
Signature of Registered Agent

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