L15000118493

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 12 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DLP Holdings, 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:

Donna PLA
Name of Person

DLP Holdings, LLC
Firm/Company

338 River Edge Rd.
Address

Jupiter, FL 33477
City/State and Zip Code

DonnaPk13@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna PLA at (732) 915-2333
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)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2016

2016 AUG 11 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DONNA PLA
338 RIVER EDGE RD
JUPITER, FL 33477

SUBJECT: DLP HOLDINGS, LLC
Ref. Number: L15000118993

We have received your document for DLP HOLDINGS, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 316A00016037

15 AUG 11 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DLP Holdings, LLC

2. (a) 338 River Edge Rd.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

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

3. July 10 2015
Date of filing/registration in Florida

4. L15000118993
Document number

5. (a) ~~Legal Zoom~~ United States Corporations Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***
13302 Winding Oak Court
Tampa, FL 33612

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

338 River Edge Rd.
NEW Registered Office Address:

Jupiter, FL 33477

16 AUG 11 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Donna Pla
Signature of a member or authorized representative of a member

DONNA PLA
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.

Donna Pla
Signature of Registered Agent

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

INHS18 (2/14)