

L15000140738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

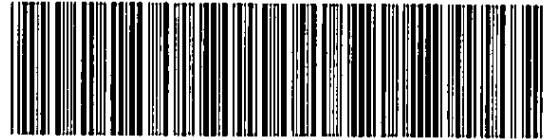
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500327952675

04/17/19--01018--001 **25.00

FILED
2019 MAY -6 PM 1:38

RA/chg

MAY - 7 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Designed

Dazzle 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:

Charles E Nielsen

Name of Person

Designed Dazzle LLC

Firm/Company

5517 Sunrise Drive

Address

Fort Myers, FL 33919

City/State and Zip Code

designeddazzle@yahoo.com

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

For further information concerning this matter, please call:

Charles E Nielsen at (515) 441-4597

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2019

CHARLES E. NIELSON
5517 SUNRISE DRIVE
FORT MYERS, FL 33919

SUBJECT: DOLLAR DAZZLE L.L.C.
Ref. Number: L15000140738

We have received your document for DOLLAR DAZZLE L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct 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: 719A00008427

**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: Designed Dazzle LLC one word
see attached
US Trademark

2. (a) 5517 Sunrise Drive Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 5517 Sunrise Drive Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Fort Myers, FL
33919

Fort Myers, FL
33919

3. 8/14/2015
Date of filing/registration in Florida

4. L15000140738
Document number

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

Debra D Duval
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5517 Sunrise Drive
Fort Myers, FL 33919

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

Charles E Nielsen (Ex name in your system)
NEW Registered Office Address:
5517 Sunrise Drive
Fort Myers, FL 33919

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]
Signature of a member or authorized representative of a member

Debra D Duval
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.

Charles E Nielsen
Signature of Registered Agent