

415000179967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

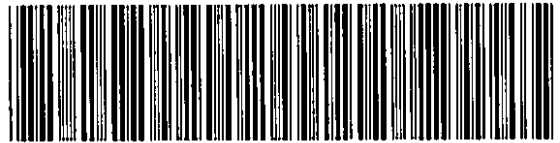
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2018 JUL 23 PM12:38

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Same A.P. ULS
07/24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2018

RON DAVIS
11924 FOREST HILL BLVD 10A-4106
WELLINGTON, FL 33414 US

SUBJECT: DID PRODUCTIONS, LLC
Ref. Number: L15000179967

Corrected

We have received your document for DID PRODUCTIONS, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 918A00014017

60

RECEIVED

2018 JUL 23 AM 11:06

2018 JUL 23 AM 11:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DID productions 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:

Ron DAVIS
Name of Person

Docutainment
Firm/Company

11924 Forest Hill Blvd, 10A-406
Address

Wellington, FL 33414
City/State and Zip Code

RONDAVIS4@MAC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ron DAVIS at (917) 747 0320
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: DID productions LLC
2. (a) 11924 Forest Hill Blvd (b) Same
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

10A-400
Wellington, FL 33414

3. 10/19/15 4. L15000179967
Date of filing/registration in Florida Document number

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

9200 S. Dadeland Blvd #508
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Miami, FL 33156

- (b) DOLOUTAINMENT LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:

11924 Forest Hill Blvd
NEW Registered Office Address:
10A-400
Wellington, FL 33414

FILED
2018 JUL 23 PM 12:36
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.

Signature of a member or authorized representative of a 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

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