

116000218622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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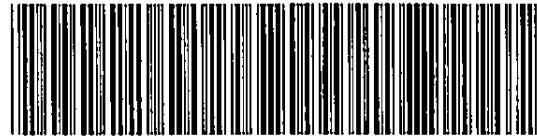
(Business Entity Name)

(Document Number)

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SEP 20 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOUBLE S GRAPHIC DESIGN

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:

SEMIRAMIS ROJAS

Name of Person

DOUBLE S GRAPHIC DESIGN

Firm/Company

8915 W 33rd AVE

Address

HIALEAH FL 33018

City/State and Zip Code

SEMIRAMIS@gmail.com

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

For further information concerning this matter, please call:

SEMIRAMIS ROJAS

Name of Person

at (786) 953 2846

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

August 29, 2017

SEMIRAMIS ROJAS
8915 W 33RD AVE
HIALEAH, FL 33018

SUBJECT: DOUBLE S GRAPHIC DESIGN LLC
Ref. Number: L16000218622

We have received your document for DOUBLE S GRAPHIC DESIGN 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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: 117A00017847

2017 SEP 18 PM 1:42

SECRETARY OF STATE

FILED
2017 SEP 18 AM 11:04
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: DOUBLE S GRAPHIC DESIGN LLC
2. (a) 8915 W 33rd AVE HIALEAH, FL 33018 Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 8915 W 33rd AVE HIALEAH, FL 33018 Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. DECEMBER 02, 2016 Date of filing/registration in Florida
4. L16000218622 Document number

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

8915 W 33rd AVE HIALEAH
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FL 33018

- (b) MANUEL LUQUE
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8915 W 33rd AVE HIALEAH
NEW Registered Office Address:

FL 33018

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.

Semiramis Rojas
Signature of a member or authorized representative of a member

SEMIRAMIS ROJAS
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.

[Signature]
Signature of Registered Agent