

L17000074481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

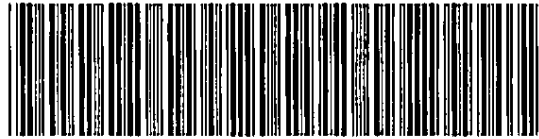
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. SCOTT

AUG 29 2017

WO
WILLIS ODEN
ATTORNEYS AT LAW

August 23, 2017

Jon Marshall Oden
Email: joden@willisoden.com

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

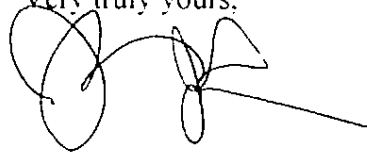
RE: DPADVANTAGE, LLC
REF. Number: L17000074481

Dear Ms. Pijaux:

Please find enclosed the corrected name of the registered agent along with a copy of your letter regarding the above referenced matter.

Thank you for your assistance in this matter.

Very truly yours,



Jon Marshall Oden

JMO:dd
Enclosures

2017 AUG 28 PM 2:25

TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2017

JON M ODEN, ESQ
2121 S HIAWASSEE RD SUITE 116
ORLANDO, FL 32835

SUBJECT: DPADVANTAGE, LLC
Ref. Number: L17000074481

We have received your document for DPADVANTAGE, 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 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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 117A00015677

**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: DPADVANTAGE, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

322 E. CENTRAL BLVD. # 1603

ORLANDO, FL 32801

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

322 E. CENTRAL BLVD. # 1603

ORLANDO, FL 32801

4/31/7

L17000074481

3. Date of filing/registration in Florida

4. Document number

5. (a) MANELLA, GIOVANNI M.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2405 W. PRINCETON STREET

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

9

ORLANDO, FL 32804

(b) WILLIS & ODEN, PL c/o JON M. ODEN, ESQ.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

DOC NO: L03000006875

NEW Registered Office Address:

2121 S. HIAWASSEE RD., SUITE 116

ORLANDO, FL 32835

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

JON M. ODEN, ESQ. /CORPORATE COUNSEL

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

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