

L17000085100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

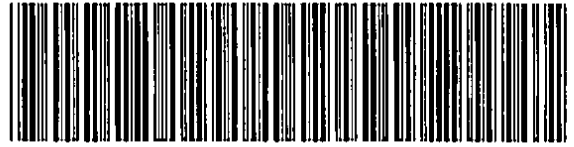
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/19- -01020- -014 **25.00

S TALLENT
MAY 24 2019

FILED
2019 MAY 23 AM 11:03
CLERK OF STATE
OFFICE OF THE CLERK

R/R-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2019

JOHN RINALDI
D & J'S TRAXX-HOGGING, LLC
114 NORTH HILLSBOROUGH AVENUE
ARCADIA, FL 34266

SUBJECT: D & J'S TRAXX-HOGGING, LLC
Ref. Number: L17000085100

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 219A00009567

RECEIVED

2019 MAY 23 PM 12:04

Seal of the State of Florida
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & J's TRAXX-HOGGING

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:

JOHN RINALDI

Name of Person

D & J's TRAXX-HOGGING

Firm/Company

114 NORTH HILLSBOROUGH AVENUE

Address

ARCADIA, FL 34266

City/State and Zip Code

traxxhogging@gmail.com

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

For further information concerning this matter, please call:

JOHN RINALDI

Name of Person

at 863

9905941

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: D&J'S TRAXX-HOGGING, LLC
2. (a) 114 N HILLSBOROUGH AVE (b) 202 NORTH BREVARD AVE
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

ARCADIA, FLORIDA 34266

ARCADIA, FLORIDA 34266

04/17/2017

L17000085100

3. Date of filing/registration in Florida 4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

- (b) JOHN RINALDI

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

202 NORTH BREVARD AVE

NEW Registered Office Address:

ARCADIA, FL 34266

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2019 MAY 23 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FL

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

JOHN RINALDI

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