

L17000097066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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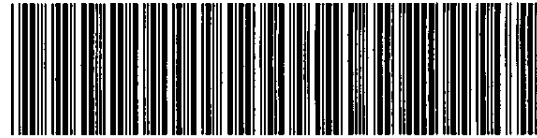
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2017

DAMIAN HARPAUL
17835 NW 27TH CT
MIAMI GARDENS, FL 33056

SUBJECT: DDJ, LLC
Ref. Number: L17000097066

We have received your document for DDJ, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 217A00010340

CEIV
2017 JUN -5 PM 3:36
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DDI
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:

DAMIAN HARPAUL
Name of Person

DDI
Firm/Company

17835 NW 27th Ct.
Address

MIAMI GARDENS, 33056
City/State and Zip Code

Sluggo57@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damian Harpad at (954) 292 0119
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: D D J

2. (a) 17835 NW 27th Ct. MIAMI, GARDENS 33056
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

17835 NW 27th Ct
MIAMI, GARDENS 33056

05/04/2017

3. Date of filing/registration in Florida

(b) 17835 NW 27th Ct MIAMI, GARDENS 33056
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

17835 NW 27th Ct.
MIAMI, GARDENS 33056

L17000097066

4. Document number

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

UNITED STATES CORPORATIONS AGENT, INC
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
13302 WINDING OAK COURT SUITE A.
TAMPA, FL 33612

(b) DAMIAN HARPAUL
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

17835 NW. 27th Ct.
NEW Registered Office Address:

MIAMI, FL 33056

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