

L17000 191 606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

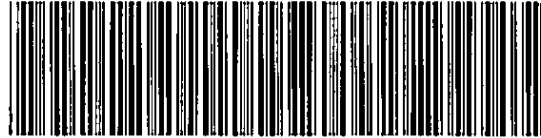
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 NOV 27 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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11.01.2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2019

DMA BEHAVIOR SOLUTIONS, LLC
4915 W SAN JOSE ST
TAMPA, FL 33629

SUBJECT: DMA BEHAVIOR SOLUTIONS, LLC
Ref. Number: L17000191606

We have received your document for DMA BEHAVIOR SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 819A00022854

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RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMA Behavior Solutions, 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:

Anthony Antonione
Name of Person

Firm/Company

4915 W. San Jose St
Address

Tampa FL 33629
City/State and Zip Code

Tony21413e@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Antonione at (917) 293-8386
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: DMA Behavior Solutions, LLC
2. (a) 4915 W. San Jose St (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)
- Tampa FL
33629
3. 9/14/17 4. 49809994-17000191606
Date of filing registration in Florida Document number
5. (a) Legal Zoom
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Cheyenne Mosley
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. Semoran Blvd
Orlando FL 32822
- (b) Anthony Antoniou
Enter name of NEW Registered Agent and/or NEW Registered Office address.
- 4915 W. San Jose St
NEW Registered Office Address.
- Tampa FL 33629

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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]
Signature of a member or authorized representative of a member

Deborah Antoniou
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 of 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