

L17000222487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

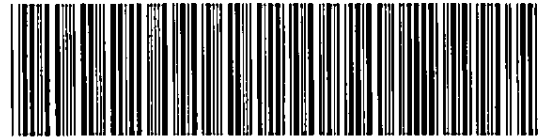
(Business Entity Name)

(Document Number)

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19 MAY 31 PM 4:02
CLERK OF COURT
JANUARY 1, 2013

O SIMMONS

JUN 03 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2019

DAVID CODY
2352 CECELIA LN
CLEARWATER, FL 33763

SUBJECT: DMC QUALITY RESCREEN LLC
Ref. Number: L17000222487

We have received your document for DMC QUALITY RESCREEN 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 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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 519A00010433

RECEIVED

MAY 31 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMC Quality Rescreen, 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:

David Cody

Name of Person

Dmc Quality Rescreen, llc

Firm/Company

2352 cecelia ln

Address

clearwater, fl 33763

City/State and Zip Code

Dcody713@gmail.com

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

For further information concerning this matter, please call:

David Cody

727

331-1046

at ()

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.

DMC Quality Rescreen, LLC

1. Name of the limited liability company: _____
2. (a) 11161 E state rd. 70 (b) 2352 Cecelia Ln.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
suite 110-512 clearwater, FL 33763
Lakewood Ranch, FL 34202
3. October 26, 2017 4. L17000222487
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11161 E state rd. 70 suite 110-512

Lakewood Ranch 34202
FL _____

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

David Cody

NEW Registered Office Address:

2352 Cecelia Ln.

clearwater 33763
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.

David Cody
Signature of a member or authorized representative of a member

David Cody
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.

David Cody
Signature of Registered Agent