

618000154677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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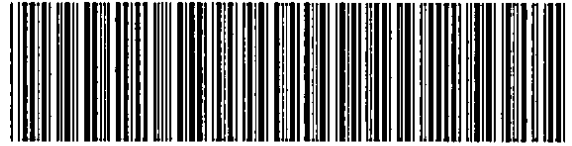
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DARWIN 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:

DARWIN FOLMAR  
Name of Person

DARWIN LLC  
Firm/Company

3505 OAKS WY  
Address

#209  
City/State and Zip Code

POMPANO BEACH FL 33069

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

darwinfolmar@yahoo.com

For further information concerning this matter, please call:

DARWIN FOLMAR at (214) 282-2490  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FL

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**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: DARWIN LLC
2. (a) 3505 OAKS WAY #209 33069 (b) 3505 OAKS WAY  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
POMPANO BEACH FL #209  
33069 POMPANO BEACH  
6/25/2018 FL 3306
3. Date of filing/registration in Florida 4. Document number  
6/25/2018 L 18000154611
5. (a) UNITED STATES CORPORATION AGENTS  
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) DARWIN FOLMAR  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
3505 OAKS WAY  
NEW Registered Office Address: #209  
POMPANO BEACH, FL 33069

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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.

Darwin Folmar  
Signature of a member or authorized representative of a member

DARWIN FOLMAR  
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.

Darwin Folmar  
Signature of Registered Agent