

L18000255388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

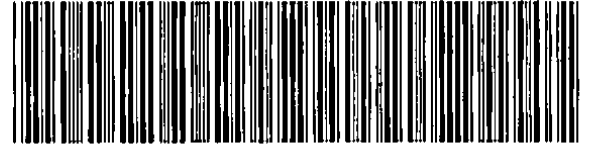
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
JUL 5 2019
JUL 5 2019

D SCOTT

JUL 5 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2019

DIANE M FREANEY
2180 LAKE OSBORNE DR #10
LAKE WORTH, FL 33461

SUBJECT: DMF IRA, LLC
Ref. Number: L18000255388

We have received your document for DMF IRA, 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):

The registered agent must sign accepting the designation.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 719A00012878

Hi DIONNE,

THANK YOU FOR MAKING ME AWARE OF MY MISTAKE. I HAVE NOW SIGNED THE DOCUMENT.

PEACE + LOVE,

DIANE FREANEY

RECEIVED
JUL 03 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMF IRA, 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:

DIANE M FREANEY
Name of Person

DMF IRA, LLC
Firm/Company

2180 LAKE OSBORNE DRIVE #10
Address

LAKE WORTH, FL 33461
City/State and Zip Code

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

For further information concerning this matter, please call:

Diane M Freaney at (323) 632-6638
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

Vertical stamp or handwritten text on the right side of the page, possibly containing a date or reference number.

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: DMF IRA, LLC

2. (a) 2180 LAKE OSBORNE DRIVE #10 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 2180 LAKE OSBORNE DRIVE #10 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

LAKE WORTH, FL 33461 LAKE WORTH, FL 33461

10/31/2018 4. Document number L18000255388

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

5. (a) SAUERBERG, ERIC M Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 200 VILLAGE SQUARE CROSSING # 102 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) PALM BEACH GARDENS, FL 33410

3-3 2-2 1-1 0-0

(b) FREANEY, DIANE M Enter name of NEW Registered Agent and/or NEW Registered Office address: 2180 LAKE OSBORNE DRIVE #10 NEW Registered Office Address: LAKE WORTH, FL 33461

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.

DIANE M. FREANEY DIANE M FREANEY 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.

DIANE M FREANEY Signature of Registered Agent