

120 000023632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

MAR 17 2022

Office Use Only



600383258606

03/10/22--01022--001 \*\*25.00

FILED  
2022 MAR 10 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FULL CIRCLE GROUP 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:

Victoria Padron

\_\_\_\_\_  
Name of Person

ZenBusiness Inc.

\_\_\_\_\_  
Firm/Company

336 E. College Ave. Suite 301

\_\_\_\_\_  
Address

Tallahassee, FL 32301

\_\_\_\_\_  
City/State and Zip Code

fulfillment@zenbusiness.com

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

For further information concerning this matter, please call:

Victoria Padron

844

493-6249

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**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: FULL CIRCLE GROUP LLC
2. (a) 10037 SW 16th St  
Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*  
Pembroke Pines, FL 33025
- (b) 10037 SW 16th St  
Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*  
Pembroke Pines, FL 33025
3. 01/16/2020  
Date of filing/registration in Florida
4. L20000023632  
Document number
5. (a) DLcon Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
11200 PINES BLVD STE 200  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
PEMBROKE PINES, FL 33026
- (b) ZenBusiness Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
336 E. College Ave. Suite 301  
NEW Registered Office Address:  
Tallahassee, FL 32301

FILED  
2022 MAR 10 AM 9:23  
SECRETARY OF  
TALLAHASSEE, 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.

/s/ Willis Gomez  
Signature of a member or authorized representative of a member

Willis Gomez  
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]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00