L21000064080

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates of	of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	DAJODA, LLC		
		Name of Limited Lic	ibility Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered	Office Change and t	ee(s) are submitted for filing.
Please (return all correspondence concerning	g this matter to the f	ollowing:
BONNI	E WORTON		
	Name of Person		_
DAJOD	DA, LLC		
	Firm/Company		_
755 GR	AND BLVD, STE B-105-218		
	Address		_
MIRAN	MAR BEACH, FL 32550		
-11-	City/State and Zip Coo	de	
	w@cox.net		
E	-mail address: (to be used for future	annual report notific	cation)
For fur	ther information concerning this ma	tter, please call:	
Bonnie	Worton	678 at (923-4096
	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 follow	ving amount:	
	□ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy



March 21, 2023

BONNIE WORTON 755 GRAND BLVD. SUITE B-105-218 MIRAMAR BEACH, FL 32550

SUBJECT: DAJODA, LLC Ref. Number: L21000064080

We have received your document for DAJODA, 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 FLORIDA PROFIT—CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 323A00006504



. 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.

2. (a)		(b)		
≟. (al)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	Mailing address of limited liability (Note: MAY BE POST OFFIC.		
	755 GRAND BLVD, STE B-105-218		755 GRA	ND BLVD, STE B-105-218	
	MIRAMAR BEACH, FL 32550		MIRAM	AR BEACH, FL 32550	
	02/05/2021		L2100006	4080	
3.	Date of filing/registration in Florida	4.	_	Document number	
	GEOFFREY D. SESSIONS				
5. (a)	Registered Agent and Registered Office shown on the records	of the Florid	la Dept. of St		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	: <u>S)</u>	- 90 B B B B	
	20 WEST FORSYTH ST., 400		— ·	2023 APR 10 \$150 APR 10 \$150 APR 10 \$150 APR 10	
	JACKSONVILLE	FL_32202			
(b)	BONNIE WORTON			PM 1:11	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	755 GRAND BLVD, STE B-105-218, MIRAMAR BE	EACH, FL	32550		
	NEW Registered Office Address:		-	_	
			_ _		
		FL		_ _	
change agent was/w	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	the registe I liability of rs of the lithe the limited	red office a company, it mited liabil liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
	12/1/Who	Di	VID WOR'	TON, MNGR	
_	ture of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and sions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address din writing of this change.	agree to ac ele perform ided for in . I hereby	et in this ca nance of m Chapter 60 confirm tha	pacity. I further agree to comply with the v duties, and I am familiar with and accep 15, F.S. Or, if this document is being filed t the limited liability company has been	