

L21000119361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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☐

MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



900382405209

2022 APR -4 AM 9:50
FBI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2022

CSC

SUBJECT: HEACOCKMEDIA, LLC
Ref. Number: L21000261516

RESUBMIT

Please give original
submission date as file date.

We have received your document for HEACOCKMEDIA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and document number provided do not match.

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) 245-6050.

Terri J Schroeder
Regulatory Specialist III

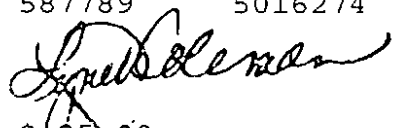
Letter Number: 022A00007846

2022 APR -5 PM 3:40

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 587789 5016274

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : April 4, 2022

ORDER TIME : 9:47 AM

ORDER NO. : 587789-010

CUSTOMER NO: 5016274

CHANGE OF AGENT

NAME: D SQAIRED AMERICA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D Squared America, 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:

Dustin Brock

Name of Person

D Squared America, LLC

Firm/Company

6244 Miramar Parkway

Address

Miramar, FL 33023

City/State and Zip Code

Dusty @ Filter Buy. com

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

For further information concerning this matter, please call:

Dustin Brock

Name of Person

at (865) 660-7717

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: D Sqaired America, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>6244 Miramar Parkway</u> <u>Miramar, FL 33023</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>6244 Miramar Parkway</u> <u>Miramar, FL 33023</u>
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06/04/2021

L21000119361

3. Date of filing/registration in Florida

4. Document number

5. (a) CT Corporation System

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 S Pine Island Rd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

Signature of a member or authorized representative of a member

David Heacock

Dustin Brock
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 of Registered Agent

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