

L21 000130259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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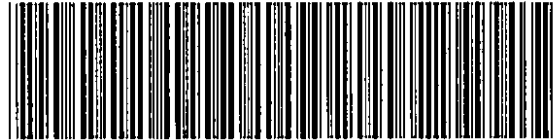
(Business Entity Name)

(Document Number)

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JUL 14 2021

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Daizie Phoenix
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:

Dacon Juarbes
Name of Person

Daizie Phoenix
Firm/Company

420 Catamaran Dr, Apt 93
Address

Mumitt Island, FL 32952
City/State and Zip Code

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

For further information concerning this matter, please call:

Dacon Juarbes at (321) 258-0573
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

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COPIES
TALLAHASSEE

June 19, 2021

DACON JUARBES
608 BREVARD AVE
APT. B
COCOA, FL 32922

SUBJECT: DAIZIE PHOENIX LLC
Ref. Number: L21000130259

We have received your document for DAIZIE PHOENIX 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 Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 521A00013862

**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: Daizie ~~There~~ Phoenix LLC
2. (a) 420 Catamaran Dr (b) 420 Catamaran Dr
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- Apt 93 Apt 93
Murritt Island, FL 32952 Murritt Island, FL 32952

3. 03/19/2021 4. L21000130259
Date of filing/registration in Florida Document number

5. (a) LegalZoom 9900 Spectrum Dr, Austin, TX 78717
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

- (b) Dacon Juarbes
Enter name of NEW Registered Agent and/or NEW Registered Office address:

420 Catamaran Dr
NEW Registered Office Address:

Apt 93

Murritt Island, FL 32952

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]
Signature of a member or authorized representative of a member

Dacon Juarbes
Printed or typed name of signee

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

FILED
2021 JUL 12 PM 1:34
TALLAHASSEE, FL
CLERK OF THE DIVISION OF CORPORATIONS