

h210000154092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

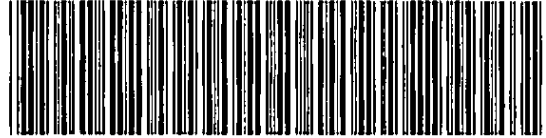
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Special Instructions to Filing Officer:

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2022 SEP 20 PM 3:43
TALLAHASSEE, FLORIDA

FILED

SEP 20 2022

S. PRATHEP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2022

DART STORY MANUFACTURING LLC
3390 N COURTENAY PKWY
STE K
MERRITT ISLAND, FL 32953-8341

SUBJECT: DARK STORM MANUFACTURING LLC
Ref. Number: L21000154092

We have received your document for DARK STORM MANUFACTURING 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 LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. 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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 622A00019464

RECEIVED

2022 SEP 20 AM 10:04

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DARK STORM MANUFACTURING 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:

Newman, Edward

Name of Person

Dark Storm Manufacturing LLC

Firm/Company

3390 N Courenay Pkwy, STE K

Address

Merritt Island, FL 32953-8341

City/State and Zip Code

ed@dark-storm.com

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

For further information concerning this matter, please call:

Edward Newman

321
at ()

593-3000

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: DARK STORM MANUFACTURING LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

*(Note: **MUST BE STREET ADDRESS**)*

3390 N Courenay Pkwy, STE K

Merritt Island, FL 32953-8341

Mailing address of limited liability company:

*(Note: **MAY BE POST OFFICE BOX**)*

3390 N Courenay Pkwy, STE K

Merritt Island, FL 32953-8341

04/12/2021

L32000154092

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

HOMSI LAW, PA

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

8815 Conway-Windermere Rd #402

Orlando, FL 32835

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TALLAHASSEE, FLORIDA

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Edward Newman

NEW Registered Office Address:

3390 N Courenay Pkwy, STE K

Merritt Island, FL 32953-8341

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.

Edward Newman

Signature of a member or authorized representative of a member

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 of Registered Agent