

h21 000154344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

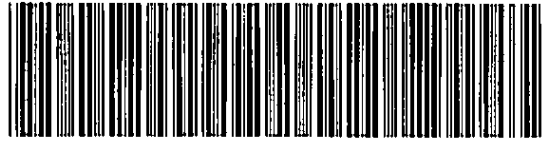
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2022 SEP 20 PM 3:45
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

SEP 20 2022

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2022

DARL STORM DEVELOPMENT LLC
3390 N COURTENAY PKWY
STE K
MERRITT ISLAND, FL 32953-8341

SUBJECT: DARK STORM DEVELOPMENT LLC
Ref. Number: L21000154344

We have received your document for DARK STORM DEVELOPMENT 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: 922A00019464

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SEP 20 2022

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 DEVELOPMENT LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3390 N Courenay Pkwy, STE K
Merritt Island, FL 32953-8341

3390 N Courenay Pkwy, STE K
Merritt Island, FL 32953-8341

04/12/2021

L32000154344

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
 DIVISION OF STATE

(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