

L22 000 223965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

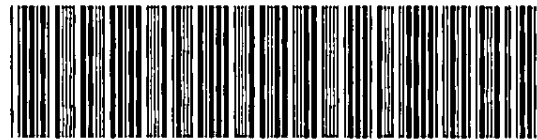
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

William Holm 1/30

Office



500394363375

09/15/22--01008--021 ♦♦35.00

111

JAN 31

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2022

DLBTB RICKER RD, LLC
6969 RICKER ROAD
JACKSONVILLE, FL 32244

SUBJECT: DLBTB RICKER RD, LLC
Ref. Number: L22000223965

We have received your document for DLBTB RICKER RD, 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 CORPORATION, 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: 122A00028351

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: DLBTB Ricker Rd, 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:

DONALD L. BOREE
Name of Person

DLBTB Ricker Rd, LLC
Firm/Company

6969 Ricker Rd.
Address

JAX., FL. 32244
City/State and Zip Code

DONNIE BOREE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRI BOREE at (904) 233-5155
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: DLBTB RICKER Rd, LLC

2. (a) 6969 RICKER Rd

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

JAX., FL. 32244

(b) 6969 RICKER Rd

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

JAX., FL. 32244

3. 5/12/2022
Date of filing/registration in Florida

4. L22000223965
Document number

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

7501 TOWNSEND Rd.

Registered Office Address (MUST BE "A STREET ADDRESS")

JAX., FL. 32244

(b) DONALD L. BOREE
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6969 RICKER Rd.

NEW Registered Office Address:

JACKSONVILLE FL 32244

2023 JAN 30 PM 6:37

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.

Terr L. Boree
Signature of a member or authorized representative of a member

TERRI L. BOREE
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.

Donald L. Boree 1/10/2023
Signature of Registered Agent