## L22000 240 360

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SECRETARY OF STATE

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AUG 0 4 2023

D CUSHING

## COVER LETTER

TO: Registration Sec Division of Cor						
SUBJECT:	Dexter T.	eam Gam	es LLC ability Company			
Dear Sir or Madam:						
The enclosed Registered	l Agent/Registered C	Office Change and f	ec(s) are submitted for filing.			
Please return all corresp	ondence concerning	this matter to the fo	ollowing:			
	Name of Person					
Dexter	Team Gaw Firm/Company	ies LLC	_			
6904 M	anatee Ave	W Apt 5	<u>1</u> 6C	S		
Bradenton FL 34209  City/State and Zip Code  DEXTERTEAMGAMES @ GMAIL.Com  E-mail address: (to be used for future annual report notification)				DZ3 JUL 20 PM 2: 10		
For further information			euron)	72 70		
<u>Jerem</u>	Fryc	at (_ <b>&amp;10</b>	220 9115 Area Code & Daytime Telephor	ne Number		
Mailing Addr Registration S Division of Ce P.O. Box 6327 Tallahassee, F	ection orporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a c	heck for the followi	ng amount:				
<b>▼</b> \$25 Filing Fo	\$25 Filing Fee & Certified Copy					
INHS18 (2/14) See	cover					



June 22, 2023

JEREMY FRYC DEXTER TEAM GAMES LLC 6904 MANATEE AVE., W., APT 56C BRADENTON, FL 34209

SUBJECT: DEXTER TEAM GAMES LLC

Ref. Number: L22000240360

We have received your document for DEXTER TEAM GAMES 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 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.

forms have been completed

Diane Cushing Operations Manager A

Letter Number: 523A00014175

thanks!

www.sunbiz.org

## 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. Na	me of the limited liability company:Dexte	r Team	Game	s Ll	<u>(</u>
2. (a)	6904 Manatee Ave W Apt 5. Principal office address of limited liability company:	GC(b) 690	Mailing address	of limited liab	nility company:
	Bradenton, FL 34209	Bc	( <u>Note: MAY</u>	FL :	
3.	May 24 2022 Date of filing/registration in Florida	L2	2 000 2 Document n		So
5. (a)	Legal corp Solutions LL  Registered Agent and Registered Office shown on the records of the  3440 W Hollywood Blyd.  Registered Office Address MUST BE FLORIDA STREET ADD	Suite L			
(b)	Holly wood .FL  Jeremy Fryc  Enter name of NEW Registered Agent Ind/or NEW Registered Of  G904 Manatee Ave .W A  NEW Registered Office Address:	fice address:	_	SECRETARY OF STATE TALLAWAS TO FL	20 PH 3. 10
	Bradonton .FL	34209		•.	•
change agent w was/we the artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the regull be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the linure of member or authorized representative of a member	gistered office a lity company, it he limited liabili nited liability co	id the busines is hereby confity company ompany.  Printed or type	s office of that the ras otherwined that the ras otherwined that the ras otherwined that the ras otherwined that the ras of the ras	he registered he change(s) se provided in
provision the obtinet to mere notifical	by accept the appointment as registered agent and agree ons of all standes relative to the proper and complete per igations of my position as registered agent as provided for the registered office address, I here in writing of this change.  Division of Cornerations P.O. Boy	rformance of my or in Chapter 60 eby confirm that	duties, and I 5, F.S. Or, if the limited lia	am familiar this docume ability comp	with and accept ont is being filed

**FILING FEE: \$25.00**