

L23000410038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

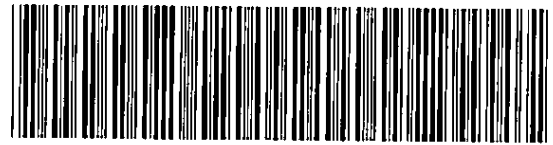
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 20 2024

Office Use Only



400434520654

08/09/24--01025--024 **25.00

FILED
2024 AUG -9 PM 3:13
CLERK OF SUPERIOR COURT
JANUARY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DACX CONSULTING SOLUTIONS L.L.C.

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:

DEBORAH COLE

Name of Person

DACX CONSULTING SOLUTIONS L.L.C.

Firm/Company

309 DEERFIELD GLEN DRIVE

Address

ST. AUGUSTINE, FL, 32086

City/State and Zip Code

debhogg@hotmail.com

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

For further information concerning this matter, please call:

DEBORAH COLE

561

909-5744

at (_____) _____

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: DACX CONSULTING SOLUTIONS L.L.C.

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
309 DEERFIELD GLEN DRIVE
ST. AUGUSTINE, FL. 32086

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
309 GREENFIELD GLEN DRIVE
ST. AUGUSTINE, FL 32086

3. 10/12/2023 Date of filing/registration in Florida

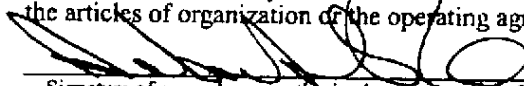
4. L23000470038 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
DEBORAH COLE
NEW Registered Office Address:
309 DEERFIELD GLEN DRIVE
ST. AUGUSTINE, FL 32086

FILED
2024 AUG -9 PM 3:13
CLERK OF THE COURT
STATE OF FLORIDA

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 of the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

DEBORAH COLE

Printed or typed name of signer

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