

M00000001389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

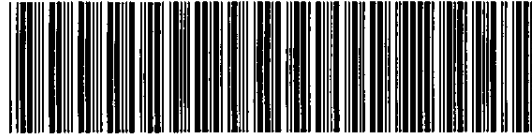
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALABAMA SEE FLORIDA

01/14/16--01018--013 **35.00

MAR 04 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DDMS of Florida No. 2, 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:

Terry Swatley

Name of Person

DDMS

Firm/Company

468 Halle Park Dr.

Address

Collierville, TN 38017

City/State and Zip Code

Terry@ddmsllc.com

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

For further information concerning this matter, please call:

Terry Swatley

at (901) 692-5555

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2016

TERRY SWATLEY
468 HALLE PARK DR
COLLIERVILLE, TN 38017

SUBJECT: DDMS OF FLORIDA NO. 2, LLC
Ref. Number: M00000001389

RECEIVED
2016 MAR -2 PM 3:35
TALLAHASSEE, FLORIDA

We have received your document for DDMS OF FLORIDA NO. 2, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 016A00001144

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: DDMS of Florida No. 2, LLC
2. (a) DDMS of Florida No. 2, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
468 Halle Park Dr.
Collierville, TN 38017
- (b) DDMS of Florida No. 2, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
468 Halle Park Dr.
Collierville, TN 38017
3. 07/11/2000
Date of filing/registration in Florida
4. M00000001389
Document number
5. (a) C T Corporation
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 South Pine Island Road
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Plantation, FL 33324
- (b) Christopher M. Hinsley
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Jones Walker LLP
NEW Registered Office Address:
201 S. Biscayne Blvd., Suite 2600
Miami, FL 33131-4341

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TALLAHASSEE, 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 or the operating agreement of the limited liability company.

Terry Swatley
Signature of a member or authorized representative of a member

Terry Swatley, President

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]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00