110400003810

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
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K.SALY EXAMINER MAR - 3



Division of Corporations

January 19, 2016

DDMS TERRY SWATLEY 468 HALLE PARK DR. COLLIERVILLE, TN 38017

SUBJECT: DDMS OF FLORIDA NO.3, LLC

Ref. Number: M0400003810

We have received your document for DDMS OF FLORIDA NO.3, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 416A00001115



Miami Center 201 South Biscayne Boulevard. Suite 2600 Miami, Florida 33131-4341 305-679-5700 Fax 305-679-5710 www.joneswalker.com

March 1, 2016

Division of Corporations Amendment Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Attn: Ms. Karen Saly

Re: Statement of Change of Registered Agent

Dear Ms. Saly:

Enclosed please find the Statement of Change of Registered Agent for DDMS of Florida No. 3, LLC for processing.

We believe that you have the processing check in the amount of \$35.00, as referenced in a prior rejection letter.

If you have any questions or encounter any issues with this filing, please do not hesitate to contact me at the number above. Thank you.

Sincerely, Natalie P. Kitzen

Natalie P. Katsaras

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: DDMS of	Florida No. 3, LLC				
	Name	of Limite	d Liability Company		
Dear Sir or Madam:					
The enclosed Registered	Agent/Registered Offic	e Change	and fee(s) are submitted for filing.		
Please return all correspo	ondence concerning this	matter to	the following:		
Terry Swatley				A	2016
	Name of Person				2016 MAR
DDMS				77. 6 77. 6	-2
	Firm/Company	,		in the state of th	PX CO
468 Halle Park Dr.				夏二	3 : 35
-	Address				
Collierville, TN 3801	7				
City	State and Zip Code				
Terry@ddmsllc.com					
E-mail address: (to	be used for future annu	al report n	otification)		
For further information of	oncerning this matter, p	olease call:			
Terry Swatley		901 _ at (⁶⁹²⁻⁵⁵⁵⁵		
Name of	`Person	_ at (Area Code & Daytime Telepho	one Number	
STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	orations Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a ch	eck for the following a	imount:			
☑ \$25 Filing Fe	e		\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

	me of the limited liability company: DDMS of Florida No. 3, LLC		DDMS of Florida No. 3, LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b).	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	468 Halle Park Dr.	4	468 Halle Park Dr.			
	Collierville, TN 38017		Collierville, TN 38017			
	09/15/2004	M	104000003810			
3. 5. (a)	Date of filing/registration in Florida C T Corporation	4.	Document numb	er		
. (a)	Registered Agent and Registered Office shown on the records o 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET)		Pept. of State:			
•	Plantation , F	L ₂ 33324		2016 NAR		
(b)	Christopher M. Hinsley			50분 - 1 맞음: PO #10		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addr	ess:			
	Jones Walker LLP					
	NEW Registered Office Address:			—		
	201 S. Biscayne Blvd., Suite 2600	 				
	Miami , F	_L _33131-4	341			
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registe liability com of the limit e limited lia	ered office and the business npany, it is hereby confirmed ed liability company or as	s office of the registered ed that the change(s)		
Signa	ture of a member or authorized representative of a member	10119	Printed or typed na	me of signee		
provisi the obl to meri	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, I writing of this change.	gree to act i e performar ed for in Ch I hereby con	n this capacity. I further a nce of my duties, and I am j lapter 605, F.S. Or, if this firm that the limited liabil	gree to comply with the familiar with and accep document is being filed ity company has been		

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

INHS18 (2/14)