

MO9000004461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

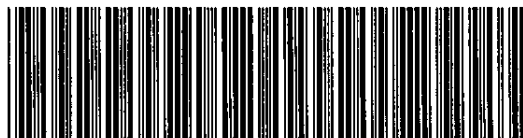
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUG 10 2015

S. YOUNG



# ACUMEN

SOLUTIONS GROUP

August 4, 2015

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Registrations Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: D & A Services, LLC Amendment Filing for Document Number M09000004461

To Whom It May Concern:

On behalf of our client, D & A Services, LLC we are submitting the enclosed documents:

1. Completed Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida;
2. Check for \$25.00 payable to the Florida Department of State

If you have questions, please contact us via email to [licensing@acumensolutionsgroupllc.com](mailto:licensing@acumensolutionsgroupllc.com) or call (631) 719-5509. Please return any correspondence related to this submission to Acumen Solutions Group at the address below.

Sincerely,

Licensing Team  
Acumen Solutions Group

Enclosure

FILED  
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537

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D & A Services, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Manno

Name of Person

Acumen Solutions Group

Firm/Company

600 Broadhollow Road, Suite G2

Address

Melville, NY 11747

City/State and Zip Code

licensing@acumensolutionsgroupllc.com

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

For further information concerning this matter, please call:

Christine Manno

Name of Person

at ( 631 ) 719-5509

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

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
15 AUG - 7 PM 5:28  
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: D & A Services, LLC
2. The Florida document number of this limited liability company is: M09000004461
3. Jurisdiction of its organization: Illinois
4. Date authorized to do business in Florida: 11/12/2009

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, **Florida**  
City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

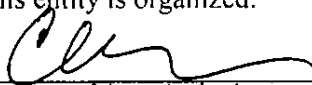
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

### Changes to authorized persons

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>Alfred Dynia</u>	<u>1400 E Touhy Avenue Suite G2</u>	<input type="checkbox"/> Add
		<u>1400 E Touhy Avenue Suite G2</u>	<input checked="" type="checkbox"/> Remove
<u>President &amp; COO</u>	<u>Anthony Crews</u>	<u>1400 E Touhy Avenue Suite G2</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Managing Director</u>	<u>David Carr</u>	<u>1400 E Touhy Avenue Suite G2</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative  
Christine Manno, Acumen Solutions Group - Licensing Team  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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