

M130000001495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

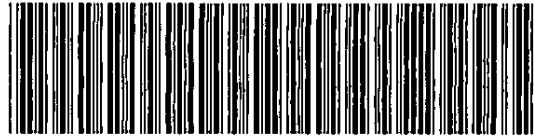
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Filed
Apr. 18, 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **DENT REMOVAL MARTINEZ 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:

MIZAE M. VASCONCELOS

Name of Person

DENT REMOVAL MARTINEZ LLC

Firm/Company

4630 S. KIRKMAN RD SUITE 354

Address

ORLANDO - FL 32835

City/State and Zip Code

mizathais@hotmail.com

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

For further information concerning this matter, please call:

MIZAE M. VASCONCELOS at (**336**) **898-7052**

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: DENT REMOVAL MARTINEZ LLC

2. (a) Principal office address of limited liability company: 2151 CONSULATE DR
(Note: MUST BE STREET ADDRESS)

SUITE 15
ORLANDO - FL 32837

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

2151 CONSULATE DR
SUITE 15
ORLANDO - FL 32837

03/07/2013

M13000001495

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

VENCESLAU SOARES

Registered Office Address:

2151 CONSULATE DR
SUITE 15
ORLANDO - FL 32837

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

MIZAE M. VASCONCELOS

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

4630 S. KIRKMAN RD

SUITE 354

ORLANDO

FL 32836 32811

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.

Signature of member or authorized representative of a member

MIZAE M. VASCONCELOS

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 608, 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

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