

**N19500000151**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

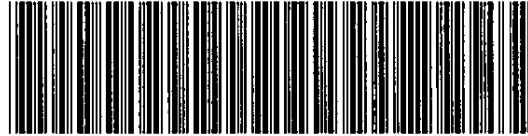
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 04 2016  
J. BRUCE  
72



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2016

TERRY SWATLEY  
468 HALLE PARK DR.  
COLLIERVILLE, TN 38017

SUBJECT: DEVELOPMENTAL DISABILITY MANAGEMENT SERVICES, L.C.  
Ref. Number: M95000000151

We have received your document for DEVELOPMENTAL DISABILITY MANAGEMENT SERVICES, L.C. 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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 916A00000113

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Developmental Disability Management Services, 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)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**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: Developmental Disability Management Services, L

2. (a) Principal office address of limited liability company: 468 Halle Park Dr  
**(Note: MUST BE STREET ADDRESS)** Collierville TN 38017

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

4-1-95  
3. Date of filing/registration in Florida

M95000000151  
4. Document number

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

Registered Agent: C T Corporation

Registered Office Address: 1200 South Pine Island Road  
Plantation FL 33324

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

**NEW Registered Agent:** Christopher Hinsley, Jones Walker LLP

**NEW Registered Office Address:** 201 S Biscayne Blvd  
**(MUST BE FLORIDA STREET ADDRESS)** Suite 2600  
Miami, FL 33131-4341

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