

m99000001228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

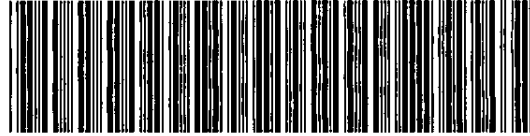
(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2016

TERRY SWATLEY
468 HALLE PARK DRIVE
COLLIERVILLE, TN 38017

SUBJECT: DDMS OPERATIONS, LLC
Ref. Number: M99000001228

We have received your document for DDMS OPERATIONS, 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):

The form you submitted is for a CORPORATION - INC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 716A00001128

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DDMS Operations, 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

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 Operations, LLC

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**)

8-26-98
3. Date of filing/registration in Florida

M99000001228
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:
(**MUST BE FLORIDA STREET ADDRESS**) 201 S Biscayne Blvd
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