

PO6000106326

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TALLAHASSEE, FLORIDA

NO Change  
Tewers  
1/25/08

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DWN + Associates P.A.  
(Name of Corporation)

DOCUMENT NUMBER: P06000106326

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David W Nilsen  
(Name of Contact Person)

DWN + Associates, P.A.  
(Firm/Company)

12704 Charity Hill Ct  
(Address)

Riverview FL 33569  
(City/State and Zip Code)

For further information concerning this matter, please call:

David W. Nilsen at ( 813 ) 841-9092  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2008

DAVID W. NILSEN  
DWN & ASSOCIATES, P.A.  
12704 CHARITY HILL COURT  
RIVERVIEW, FL 33569

SUBJECT: DWN & ASSOCIATES, P.A.  
Ref. Number: P06000106326

We have received your document for DWN & ASSOCIATES, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 708A00002750

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JAN 24 AM 8:00

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DWN + Associates
2. The principal office address: 12704 Charity Hill CT Riverview, FL 33569
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/1/06 Document number: P06000106326
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

David W Nilsen

10304 Hunters Haven Blvd

Riverview FL 33569

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David W Nilsen

12704 Charity Hill CT

(P.O. Box NOT acceptable)

Riverview FL 33569

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

David W Nilsen  
(Signature of an officer or director)

DAVID W NILSEN MGR/OWNER  
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

David W Nilsen  
(Signature of Registered Agent)

1/18/08  
(Date)

If signing on behalf of an entity:

DAVID W NILSEN  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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