

PI6000 065 856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

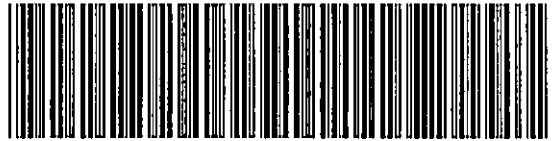
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01/05/20--01003--015 **10.00

11/06/19--01016--001 **35.00

2020 JAN -3 PM 4:10

R. WHITE
JAN 06 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2019

ERIC A. CRUZ
1060 BLOOMINGDALE AVE
VALRICO, FL 33596

SUBJECT: DEAN DAVIS, PA
Ref. Number: P16000065856

We have received your document for DEAN DAVIS, PA 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.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 719A00024968

2020 JAN -2 AM 11:12

MAILED 11:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEAN DAVIS PA
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:

Eric A. Cruz

Name of Person

Bivins 1/2 Highway, P.A.

Firm/Company

1060 Bloomingdale Avenue

Address

Valrico, FL 33596

City/State and Zip Code

ecruz@bhpalaw.com

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

For further information concerning this matter, please call:

Eric A. Cruz

Name of Person

at (813) 643-4900

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 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DEAN DAVES PA
2. The principal office address: 6208 LITTLETHORPE LN, ARLINGTON VA 22315
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/8/2016 Document number: P16000065856
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DEAN DAVES
3414 W VAN BUREN DR
TAMPA FL 33611

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

ERIC A CAUL
1060 BLOOMINGDALE AVE
VALLEJO FL 33596

2020 JAN - 3 PM 4: 10

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.

[Signature]
Signature of an officer or director

DEAN C DAVES / President
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.

[Signature]
Signature of Registered Agent

12/26/19
Date

If signing on behalf of an entity:

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 (04/13)