

P170000 57882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DJL Search Solutions Corp.

Name of Corporation

**DOCUMENT NUMBER:** P17000057882

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 Lomaka

Name of Contact Person

DJL Search Solutions Corp

Firm/Company

19 Heilwood Street Unit 2

Address

Clearwater Beach, FL 33767

City/State and Zip Code

dlomaka@grnclw.com

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

For further information concerning this matter, please call:

David Lomaka

Name of Contact Person

at ( 727 ) 798-0093

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

November 15, 2019

DAVID LOMAKA  
19 HEILWOOD STREET  
UNIT 2  
CLEARWATER BEACH, FL 33767

SUBJECT: DJL SEARCH SOLUTIONS CORP.  
Ref. Number: P17000057882

We have received your document for DJL SEARCH SOLUTIONS CORP. 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 registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 819A00023547

RECEIVED  
2019 DEC -6 PM 3:11

Returned  
Signed  
Document

**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: DJL Search Solutions Corp

2. The principal office address: 19 Heilwood Street Unit 2  
Clearwater Beach FL 33767

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/06/2017 Document number: P17000057882

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)

Resigned

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

David Lomaka

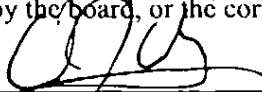
19 Heilwood Street Unit 2

P.O. Box NOT acceptable

Clearwater Beach, FL 33767

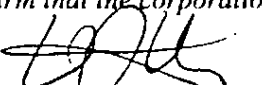
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

David Lomaka, Managing Partner  
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 of Registered Agent

10/22/2019

Date

If signing on behalf of an entity:

David Lomaka

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