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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			 	

REGISTERED AGENT CHANGE DIETZGEN CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

15129570210

Dietzgen Corporation
Name of Corporation
DOCUMENT NUMBER: P09000009096

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:

Mary Castillo			
Name of Contact Person			19.
Registered Agent Solutions, Inc.			202311AR 21
Firm/Company			
Corporate Center One, 5301 Southwest Pkwy, Ste 40	00		2
Address			-
Austin, Texas 78735			نيد سد
City/State and Zip Code			
E-mail address: (to be used for future annual	report notification	n)	(
For further information concerning this matter, p	olease call:		
Mary Castillo	at (888) 705-7274	
Name of Contact Person	Area C	ode & Daytime Teler	phone 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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607,0502 inge is submitted for a corporat	ion organized under the laws	of the State of Floric	la
1. The name of t 2. The principal	r to change its registered office the corporation: Dietzgen office address: 121 KELS , FL 33619	Corporation		
	ddress (if different):	*****		
4. Date of incorp	poration/qualification: 1/29/	2009 Document nur	nber: <u>P090000</u>	9096
	I street address of the current re timent of State: (If resigned, ent		office on file with the	
	Dietzgen Corpo	ration		بہ
	121 KELSEY LANE SUI	TE G		023 !
	TAMPA	FL	33619	MR 21
6. The name and (if changed):	I street address of the new regis		or registered office	2023 HAR 21 AT 10: 03
	155 Office Plaza			C)
	133 Office Flaze	P.O. Box NOT acceptable		
	Tallahassee	FL 32301		
The street addre	ess of its registered office and t be identical.	he street address of the busin	ess office of its regist	ered agent,
Such change wa authorized by th	is authorized by resolution dulue board, or the corporation has	y adopted by its board of dire s been notified in writing of t	ectors or by an officer he change.	SO
s/Stephani	e MacLead	Stephanie M	MacLeod Secr	etary
l hereby accept I further agree to of my duties, am document is bei	the appointment as registered to comply with the provisions of d I am familiar with and accep ng filed merely to reflect a cha been notified in writing of thi.	agent and agree to act in this of all statutes relative to the p of the obligation of my positic nge in the registered office a	s capacity	erformance . Or, if this rm that the
Mo	مان خال	03/21/2023	3	
Sig	nature of Registered Agent		Date	
lf signing on bel	half of an entity:			
Mackenzie Hible	r, Assistant Secretary			
Ту	ped or Printed Name	_		
	* * * FII	ING FEE: \$35.00 * * *		