

PIA000041181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

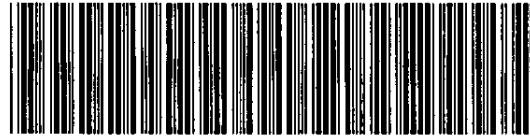
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL - 1 PM 2:20

JUL - 3 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D+M Sales
Name of Corporation

DOCUMENT NUMBER: P12000041181

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:

Maria Patricia Carbo
Name of Contact Person

D+M Sales
Firm/Company

4720 W. Atlantic Blvd. #303
Address

Coconut Creek, FL 33063
City/State and Zip Code

PattyCarbo@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
13 JUL -1 AM 8:24
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Maria Patricia Carbo at (954) 899 5562
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

June 26, 2013

MARIO P CARBO
4720 W ATLANTIC BLVD #303
COCONUT CREEK, FL 33063

SUBJECT: D & M SALES, INC.
Ref. Number: P12000041181

We have received your document for D & M SALES, INC. 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 form you sent in is for a LLC. I am sending you the correct forms to file.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 013A00016043

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

- 1. The name of the corporation: D & M Sales, Inc
- 2. The principal office address: 4720 W. ATLANTIC BLVD. #303
COCONUT CREEK, FL 33063
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 5/2/12 Document number: P12000041181

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)

United States Corp. Agents Inc
13302 Winding Oak Ct. #A
Tampa, FL 33612

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

Maria Patricia Carbo
4720 W. ATLANTIC BLVD. #303
P.O. Box NOT acceptable
COCONUT CREEK, FL 33063

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DIVISION OF CORPORATIONS
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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.

Maria Patricia Carbo
Signature of an officer or director

Maria Patricia Carbo
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.

Maria Patricia Carbo
Signature of Registered Agent

6/27/13
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