V09081

(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:





700352191727

06/29/20--01042--020 **85.00

FILED

2020 SEP 29 PM 3: 07

SECREDARY OF STATE
AND ARREST FROMINA

Y SULKER NOV 0 5 2020

COVER LETTER

TO:

TO: Amendment Section Division of Corporation	S	t,				
SUBJECT: Dern Capital Manager Name of Corporation	ment Corporation					
DOCUMENT NUMBER: V090	081					
The enclosed Statement of Chan	ige of Registered Office	/Agent and fee a	re submitted for filing.			
Please return all correspondence	concerning this matter	to the following	:			
A. Mark Dern, President						
Name of Contact Person						
Dern Capital Management Corpora	ation					
Firm/Company						
4417 Woodfield Boulevard						
Address						
Boca Raton, FL 33434						
City/State and Zip Code		<u> </u>				
mark@dern	capital.com					
E-mail address: (to be used for	or future annual report	notification)				
For further information concerns R .	ing this matter, please ca	all:				
Mark Dem		at (561	883-0740			
Name of Contact	t Person	Area Code)883-0740 & Daytime Telephone Number			
Enclosed is a \$35.00 check mad	e payable to the Departi	nent of State.				
Mailing Address: Amendment Sect		Street Address:	ntion.			
Division of Corp		Amendment Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 3	32314	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 607.05 inge is submitted for a corpor er to change its registered offi	ation organized under t	the laws o	f the State of	Florida	this ———
	the corporation: Dem Capital	<u>.</u>		j		
	office address: 4417 Woodfiel			4		
3. The mailing a	address (if different):					
	poration/qualification: 1/23/92					
	d street address of the current rtment of State: (If resigned, e				vith the	
	7777 Glades Road, Suite 207A				_	
	Boca Raton, FL 33434		•			
6. The name and (if changed):	d street address of the new reg R. Mark Dern	gistered agent (if change	ed) and /or	registered o	ffice	
	4417 Woodfield Boulevard				_	
		P.O. Box NOT acceptab	le		F:	٠.
	Boca Raton, FL 33434	<u>-</u>			14 SEC	
The street address changed will	ess of its registered office and be identical.	d the street address of t	the busine	ess office of	its registed	1 ~ 1
Such change was authorized by the	as authorized by resolution d he board, or the corporation l	uly adopted by its boar has been notified in wr	d of directions	ctors or by a e change.	n officer s	9 PH
me	. L	Mark	Dein	Presido	1 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 =	ب ر
I hereby accept I further agree of my duties, ar document is bei	te of an officer or director the appointment as registere to comply with the provision ad I am familiar with and acc ing filed merely to reflect a c s been notified in writing of t	ed agent and agree to a s of all statutes relative cept the obligation of m hange in the registerea his change.	Printed or ict in this to the pr iv position I office ad	typed name and capacity, coper and con as register dress, I here	mplete per ed agent. eby confir	rformance Or, if this m that the
Mi	- J	9-	23-20	20		
Sig	mature of Registered Agent		•	Date		
If signing on be	chalf of an entity:					
Mark	Dein					
Т	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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