PO400144404

(Re	equestor's Name)		
(Ad	ddress)		
(Ad	ddress)	•	
(Cil	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ M	MAIL	
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		





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COVER LETTER

	ndment Section sion of Corporations	
SUBJECT:_	D45 MINE, IN (Name of Cor	<i>c</i> .
	(Name of Cor	poration)
DOCUMEN	TNUMBER: Po4001444	04
The enclosed	Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter to	the following:
	JAY AUTRBA	HEH, ESP.
	(Name of Conta	ct Person)
	Far Des Min (Firm/Com	E, INC
	(Firm/Com	pany)
	2338 Hon	Lywood Brud,
	(Addres	as)
	HOZIYWOO F	7 33020
	(City/outle and	<i>Dip Colley</i>
For further in	formation concerning this matter, please cal	l:
<i>R</i>	(Name of Contact Person)	at (305) 977-7697 (Area Code & Daytime Telephone Number)
Enclosed is a	\$35.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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+SMINE, INC.
2. The principal office address: 1334 S. DI WE 17wf, STE # 315 Conar GABLES FL 33146
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/10/2001 Document number: P 0400/44404
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
RUTH BACARDI
1234 S. DILIE ITWY STE # 315
RUTH GACARDI 1234 S. DILIE ITEN/ STE # 315 CORM GABLES FL 33146
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JAY AVERBACH, ESP.
2338 HOLLY WOOD BLUD.
JAY AVERBACK, ESP. 2338 HOLLY WOOD BLUD. 6.0. Box NOT acceptable) HOLLY WOOD FL 33020
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 its board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) Ruth Brace voli President. (Signature of an officer or director)
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 alange. (Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name)

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