# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: DAVID GOLOWINSKI

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# G86127

Entity Name: D.A.G. ASSOCIATES, INC.

### **Current Principal Place of Business:**

2929 NORTH BAY ROAD MIAMI. FL 33140

# **Current Mailing Address:**

2929 NORTH BAY ROAD MIAMI, FL 33140

## FEI Number: 59-2375555

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

GOLOWINSKI, DAVID 2929 NORTH BAY ROAD MIAMI, FL 33140 US

**Officer/Director Detail :** 

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Title	P	Title	V
Name	GOLOWINSKI, DAVID	Name	GOLOWINSKI, SAMUEL
Address	2929 NORTH BAY ROAD	Address	539 CROWN STREET
City-State-Zip:	MIAMI FL	City-State-Zip:	BROOKLYN NY 11213

PRESIDENT

04/13/2017 Date

### FILED Apr 13, 2017 Secretary of State CC0148220898

Date

Certificate of Status Desired: No

City-State-Zip: BROOKLYN NY 11213