#### 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: TONIANN KAPLAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P14000090689

Entity Name: DT MOWERS, INC.

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

2875 SOUTH CONGRESS AVE. F

DELRAY BEACH, FL 33445

## **Current Mailing Address:**

2875 SOUTH CONGRESS AVE. F DELRAY BEACH, FL 33445 US

## FEI Number: 47-2260168

# Name and Address of Current Registered Agent:

KAPLAN, TONIANN 2875 SOUTH CONGRESS AVE. F DELRAY BEACH, FL 33445 US

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:

#### Electronic Signature of Registered Agent . .. ...

Officer/Director Detail :			
Title	P, TREASURER	Title	DIRECTOR, VP
Name	KAPLAN, TONIANN	Name	ARVANITIS, PETER G
Address	2875 SOUTH CONGRESS AVE. SUITE F	Address	2875 SOUTH CONGRESS AVE. F
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445
Title	SECRETARY, CLERK		
Name	NOA, DIANE L		
Address	2875 SOUTH CONGRESS AVE. F		
City-State-Zip:	DELRAY BEACH FL 33445		

PRESIDENT

Certificate of Status Desired: Yes

01/05/2015

FILED Jan 05, 2015 Secretary of State CC5034414210

Date