Division of Corporations Electronic Filing Cover Sheet

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From: Account Name : CAPITOL CORPORATE SERVICES, INC. CAPITOL CAPITOL CORPORATE SERVICES, INC. CAPITOL CAPITOL CORPORATE SERVICES, INC. CAPITOL CA	 To:	Division of Co Fax Number	porations : (850)617-6380	7021 H #33
	he email ac	Account Number Phone Fax Number ddress for this	: CAPITOL CORPORATE SERVICES, IN: 120160000048	-3 PH 1:20

REGISTERED AGENT CHANGE DIMARE HOMESTEAD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



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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 Statut statement of change is submitted for a corporation organized under the laws of the State of FLC in order to change its registered office or registered agent, or both, in the State of Florid	RIDA	 -
1. The name of the corporation: DIMARE HOMESTEAD, INC.		
2. The principal office address: 258 N.W. FIRST AVENUE, FLORIDA CITY, FL 33034		
3. The mailing address (if different):		
4. Date of incorporation/qua):fication: 6/7/1967 Document number: 317596		
The name and street address of the current registered agent and registered office on file with the Flurida Department of State; (If resigned, enter resigned)		3; :: ::
SACHER, CHARLES P.		
2655 LEJEUNE RD SUITE 1101	٠ <u>٠</u>	ယ်
CORAL GABLES, FL 33134	SE SE	3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	STATE	1: 20
Capitol Corporate Services, Inc.		
515 East Park Avenue 2nd Fl.		
P.O. Box NOT acceptable		
Tallahassee, FL 32301	_	
The street address of its registered office and the street address of the business office of its regi as changed will be identical:	stered ag	ent,
Such change was sutherland by resolution duly adopted by its board of directors or by an office authorized by the journil or the corporation has been notified in writing of the change. Change is comparation that been notified in writing of the change.	oc, CF	<u>0</u>
I hereby accept the appainment as recistered agent and agree to act in this capitate. I forther agent in among with the provinces of all statement relative to the province and complete of my thates, and I got forther with and accept the obligation of my position as recistered agent obtained is restrict the province of my position as recistered agent obtained is restricted adverse. I have by concorporation has been notified in writing of this change. [Define Case]	garfyrmy garns skala	THE STATE OF
Signature of Registered Agent Deba		_
If signing on behalf of an entity:		
Delanie Case, Assistant Secretary on behalf of Capitol Corporate Services, Inc.		
Typed or Publish Name * * * FILING FEE: \$35.00 * * *		
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSER, FL 32314	.	

CR2B045 (04/13)