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FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 373958

1. Corporation	DL SPECIALISTS COMPAN'			TALLAMASSEE FLORIDA	
Principal Place	e of Business	Mailing Address			ON DIEN DIEN IDE
C/O B&C CORP. SERV. OF CENTRAL FLORIDA 390 N. ORANGE AVE. STE. 1100 ORLANDO FL 32801 US		P.O. BOX 4961 ORLANDO FL 32802-4961 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Oselifed	
2. Principal Place of Business		2a. Mailing Address		12/10/1970 4. FE! Number	A - d a d E a .
21		F		59-1308174	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.7	5 Additional
22		27		I S Cort hata at Status Degrad CT 1 1 1	Required
City & State		City & State			00 May Be
Zip 4	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	[29]	o	Personal Property Tax [ ] Yes	[ ]No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent	ĺ
STE 1100 ORLANDO FL 32801  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature, typed or printed name of typed or printe					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
TITLE	DVPA	☐ DELETE	1.1 TITLE	[] Chan	ge Addition
NAME	MATZEN, MICHAEL F.		12 NAME		
STREET ADDRESS			13 STREET ADDRESS		- `
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP		
TTLE	D	☐ DELETE	2 1 TITLE	DVPAS XChan	ge Addition
NAME	BELDEN,ALICE		2 2 NAME	MATZEN, MICHAEL F.	
STREET ADDRESS	2629 ARDSLEY DRIVE		23 STREET ADDRESS		
CFTY-ST-ZIP	ORLANDO FL		2 4 CITY-ST-ZIP	APOPKA, FLORIDA	
TITLE	PTD	[] DELFTE	31 TIFLE	[ˈ] Chan	
NAME	O'DONOGHUE, W BRUCE		3.2 NAME	70000286824	<u> r</u>
STREET ADORESS	1307 BELLEAIRE CIRCLE		33 STREET ADDRESS	-05/07/9901139	002
CITY-ST-ZIP	ORLANDO FL 32804		34 CITY-ST-ZIP		*150.00
TITLE	S/D	DELETE	4 1 TITLE	DS XChan	ge []Addition
NAME	O'DONOGHUE, LEIGHT D		4 2 NAME	O'DONOGHUE, LEIGH	İ
STREET ADORESS	1307 BELLEAIRE CIRCLE		43 STREET ADORESS	1307 BELLEATRE CIRCLE OLLANDO, FLORIDA 3280	
ÇITY-ST-ZIP	ORLANDO FL 32804		44 City - ST-7iP	OPLANDO, FLORIDA 3280	54
TITLE		[_] DELETE	5 1 TITLE	[] Chan	
			5 2 NAME		

14. Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this annual report or supplemental annual report is true and appurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation of the seceiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or by an attachment with an address with all other like empowered.

5 3 STREET ADDRESS

54 CHY-ST-ZIP

[] DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP