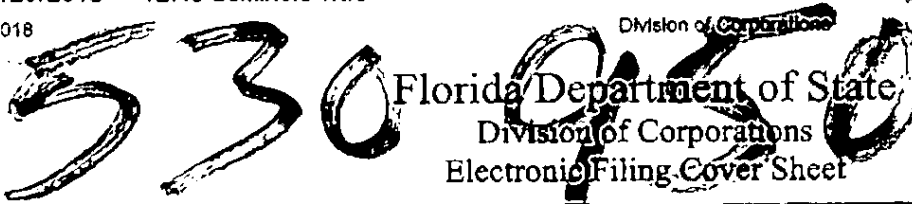


6/20/2018

Division of Corporations



Florida Department of State
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Account Number : I19990000123
Phone : (727)397-5571
Fax Number : (727)393-5418

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Email Address: karen@dhclaw.com

S TALLENT

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**REGISTERED AGENT CHANGE
DANN SAPP AND SON, INC.**

Certificate of Status	0
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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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DANN SAPP AND SON, INC.
2. The principal office address: 4211 31st Street North
St. Petersburg, FL 33714
3. The mailing address (if different): _____

4. Date of incorporation/qualification: April 6, 1997 Document number: 530950

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Joseph M. Murphy, Esq.

8640 Seminole Boulevard

Seminole, FL 33772

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DeLoach, Hofstra & Cavonls, P.A.

8640 Seminole Boulevard

P.O. Box NOT acceptable

Seminole, FL 33772

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 the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Peter Sapp

Printed or typed name and title

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 change.


Signature of Registered Agent

06/20/2018

Date

If signing on behalf of an entity:

Dennis R. DeLoach, Jr., President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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