659389

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JQ 09/18/20

COVER LETTER

SUBJ	ECT: Dolphins Plus Inc. of Corporation
Name	of Corporation
DOCI	MENT NUMBER: 659389
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
Art Co	nner
	of Contact Person
	is Plus Inc.
Firm/C	ompany
P.O. B	ox 2728
Addre:	S
Key La	rgo, FL 33037
City/S	ate and Zip Code
	art@dolphinsplus.com
E-mai	address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
Richard	Borguss at (305) 304-9034 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations**

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617. unge is submitted for a corporation or er to change its registered office or re	rganized under the laws of	the State of Floric	da	,	
1. The name of t	the corporation: Dolphins Plus Inc.			-		
2. The principal	office address: 31 Corrine Place, Key	Largo, FL 33037			-	
3. The mailing a	address (if different): P.O. Box 2728, 1	Key Largo, FL 33037			_	
	poration/qualification; 3/17/1990	Document numb	per: 659389		_	
5. The name and	d street address of the current register rtment of State: (If resigned, enter res	ed agent and registered off		e		
	William C. Lewis, Jr.					
1428 Brickell Avenue, Suite 4(X)						
	Miami, FL 33131					
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or	registered office	SECRETARY OF STA	waj	
	Art Cooper		<u> </u>	1 2 1 A	-	
	101900 Overseas Hwy.		AU	7	:	
P.O. Box NOT acceptable					ċ	
	Key Largo, FL 33037			A L	_	
The street addre as changed will	ess of its registered office and the str be identical.	reet address of the busines	ss office of its reg	istered agent	t.	
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of direct n notified in writing of the	tors or by an office change.	er so		
		Richard Borguss, Pre				
l hereby accent	re of an officer of director the appointment as registered agen to comply with the provisions of all , ad I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this chai	t and aurge to act in this i	typed name and title capacity. oper and complete as registered age dress, I hereby co	c performancent. Or, if the only the on	ve is ie	
M.	Cane	07-30	7-202	0		
sign If signing on be	half of an entity:		Date -			
T	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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