Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195

: (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

DPI MID ATLANTIC INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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H090000048623

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

Pursuant to the provisions of sections 607.0302, 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 Delawate in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DPI MID ATLANTIC INC.
2. The principal office address:
1000 Prince Georges Blvd. Upper Mariboro, MD 20774
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/18/2008 Document number: F08000003183
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Tom Ormsby 6422 Harney Rd., Ste E Tampa, FL 33610
Tom Ormsby
6422 Harney Rd., Ste E
Tampa, FL 33610
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street (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 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.
Kevin Carmody, Secretary/Treasurer (Signature of in officer or director) (Printed or typed nates and tills)
Thereby 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. Corporation Services Commany
(Osternico) of Registered Agent) (Date)
If signing on behalf of an entity:
Amy Gudgel, Asst. Vice President
(Typed or Printed Name)
* * * FILING FRE: \$35.00 * * * MAKE CHECKS PAYABLE TO BE ORIDA DEPARTMENT OF STATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)