

F10000002157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIRECT SOURCE SPECIAL PRODUCTS INC.
Name of Corporation

DOCUMENT NUMBER: F10000002157

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARISA DEFRANCESCO
Name of Contact Person

DIRECT SOURCE SPECIAL PRODUCTS INC.
Firm/Company

455 NE 5TH AVE SUITE D298
Address

DELRAY BEACH, FL 33483
City/State and Zip Code

mdefrancesco@dsspinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARISA DEFRANCESCO at (514) 363-8882
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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, 607.0502, 607.1508, or 607.1508, 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: DIRECT SOURCE SPECIAL PRODUCTS INC.
2. The principal office address: 455 NE 5th AVE, SUITE D298, DELRAY
BEACH, FL 33483
3. The mailing address (if different): _____

- SAME -

4. Date of incorporation/qualification: 05/06/2010 Document number: F10000002157

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)

DAVID F. HANLEY P.A.
3220 OVERLOOK ROAD
DAVIE, FL 33328

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

DAVID F. HANLEY P.A.
3201 OVERLOOK ROAD
P.O. Box NOT acceptable
DAVIE, FLORIDA 33328

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.

X [Signature]
Signature of an officer or director

ANNA SHANNON - PRESIDENT
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.

David F. Hanley, President
Signature of Registered Agent

MARCH 15, 2017
Date

If signing on behalf of an entity:

DAVID F. HANLEY, 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
CR2E045 (03/12)

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