

F17000000804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

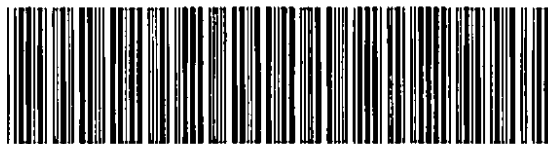
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## COVER LETTER

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DIVISION OF CORPORATIONS

88 MAY 14 AM 10 10

TO: Amendment Section  
Division of Corporations

SUBJECT: Dakota Vans Inc  
Name of Corporation

DOCUMENT NUMBER: F17000000804

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:

Karen Harsh  
Name of Contact Person

Firm/Company

100 N Krohn Place  
Address

Sioux Falls SD 57103  
City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Harsh at ( 605 ) 271 6219  
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

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dakota Vans Inc.
2. The principal office address: 100 N KROHN PL  
5104 S Falls, SD 57103
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: F17000000804
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)  
Dexter Beard  
8604 N. Florida Ave  
Tampa, FL 33604
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Dexter Beard  
5102 N 56th St.  
P.O. Box NOT acceptable  
Tampa FL 33610

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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]  
Signature of an officer or director

Karen Harsh, Secretary/Treasurer  
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]  
Signature of Registered Agent

4-17-18  
Date

If signing on behalf of an entity:

Dexter Beard  
Typed or Printed Name

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