

F1700000824

(Requestor's Name)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIO USA CORPORATION

Name of Corporation

DOCUMENT NUMBER: F17000000824

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:

JEFF LEE

Name of Contact Person

CYMB LLP

Firm/Company

3440 WILSHIRE BL SUITE 609

Address

LOS ANGELES, CA 90010

City/State and Zip Code

JEFFLEE@CYMBCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF LEE

Name of Contact Person

at (213) 2325115

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 CALIFORNIA
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DIO USA CORPORATION
2. The principal office address: 3440 WILSHIRE BLVD SUITE 620 LOS ANGELES, CA 90010

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/06/2007 Document number: F17000000824

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)

STEVE MARKWARD(RESIGNED)

3531 S. FEDERAL HIGHWAY UNIT A

BOYNTON BEACH, FL 33435

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

REGISTERED AGENTS INC

3030 N. ROCKY POINT DR., STE 150A

P.O. Box NOT acceptable

TAMPA, FL 33607

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

JAE D OH, 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.*

Bill Havre

Signature of Registered Agent

11/15/2017

Date

If signing on behalf of an entity:

BILL HAVRE

Typed or Printed Name

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