

F51928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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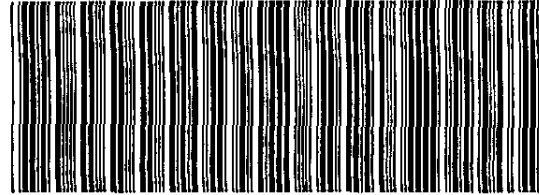
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

RA/RD/Change
10 11/22/04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 9, 2004

WILLIAM MARQUARDT
DANTZLER, INC.
7975 NW 154TH STREET - SUITE 240
MIAMI LAKES, FL 33016

SUBJECT: DANTZLER, INC.
Ref. Number: F51928

We have received your document for DANTZLER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 404A00063664

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DANTZLER INC.
(Name of corporation)

DOCUMENT NUMBER: FL # F51928

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:

WILLIAM MARQUARDT
(Name of contact person)

DANTZLER INC.
(Firm/Company)

7975 NW 154th STREET SUITE 240
(Address)

MIAMI LAKES, FL 33016
(City/state and zip code)

For further information concerning this matter, please call:

WILLIAM MARQUARDT
(Name of contact person)

at (305) 828-9666
(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
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

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

1. The name of the corporation: DANTELEX INC.
2. The principal office address: 7975 NW 154th STREET SUITE 240
MIAMI LAKES, FL 33016
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/30/81 Document number: FS1928
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GEORGE R. HARPER
HARPER MEYER PEREZ FERRER & HACEN LLP
701 BRICKELL AVE SUITE 1650
MIAMI, FL 33131

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

NICHOLAS E. CHRISTIN
WICKER SMITH O'HARA MCCOY GRAHAM & FORD P.A.
(P.O. Box NOT acceptable)
2900 MIDDEL ST. MIAMI, FL 33133

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)

VAUGHAN L. POTTER, SECRETARY

(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 of Registered Agent)

10/29/04

(Date)

If signing on behalf of an entity:

NICHOLAS E CHRISTIN

(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

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TALLAHASSEE, FLORIDA