

G17706



City/State

Office Use Only

CORPORATION DOCUMENT NUMBER(S), (if known):

1. _____ (Document #)
2. _____ (Document #)
3. _____ (Document #)
4. _____ (Corporation Name) (Document #)

915 Tampa Street
Tampa, Florida 33602

State License #1B0000032

99 JUL 30 PM 1:18
RECEIVED
TALLAHASSEE, FLORIDA

FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

200002946272--6
-07/30/99--01085--006
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ROA Change
8-6-99
DAS

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: DBS Designs, Inc.

2. The mailing address of the corporation is: P.O. Box 14036
Tampa, Fla. 33690

3. Date of incorporation/qualification: 1/6/83 Document number: G17706

4. The name and address of the current registered agent and office:

Clifford Livingston P.A.
201 Davis Blvd. E.
Tampa, Fla. 33606

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Shari Leonard
945 Tampa St.
Tampa, Fla. 33606

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Shari Leonard
(Signature of an officer, chairman or vice chairman of the board)

7/27/99
(Date)

SHARI LEONARD, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Shari Leonard
(Signature of Registered Agent)

7/27/99
(Date)

If signing on behalf of an entity:

Shari Leonard
(Typed or Printed Name)

President
(Capacity)

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