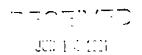
J85146

(Red	questor's Name)	
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06/15/21--01013--009 **35.00



COVER LETTER

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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 Florical.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: D.D.A. CONVILLA
2. The principal office address: 915 W. New Haven Ave
Melbaine FZ 32901
3. The mailing address (if different):
4. Date of incorporation/qualification: 7-23-1987 Document number: JES1410
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)
Price Nekontr ====================================
915 W New Hoven Ave
Melbaine R 35901
6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed):
Scan Singler
P.O. Box NOT acceptable
Melbourne, FZ 32901
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 exporation has been notified in writing of the change.
Signature of an officer or director Michelle Rusell Secretor 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 normed in writing of this change.
6/10/24
Signature of Registered Agent Date
If signing on localit of an entity:
Sean Sanger
a vied of Printed Name

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