## L24969

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		ale and an
		PAR A SANSAN PAR A

Office Use Only



400038374874

07/19/04--01039--018 \*\*35.00

FILED

O4 JUL 19 MH 11: 46

SECRETARE OF STATE

RA Change

T BROWN JUL 2 3 2004

## **COVER LETTER**

. . .

TO: Amendment Section Division of Corporations
SUBJECT: D.F.&G Services, Inc.  (Name of corporation)
DOCUMENT NUMBER: L24969
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:
James D McKenzie (Name of contact person)
D.F. & G. Services, Inc.
(Firm/Company)
3519 Enterprise Way (Address)
Green Cove Springs, FL 32043 (City/state and zip code)
For further information concerning this matter, please call:
James D. McKenzie at (904) 2-69-260 (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 Pivision of Corporations 409 E. Gaines Street Tallahassee, FL 32319

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ange is submitted for a corporation organized under the laws of the State of Florida  Florida
in ord	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: D.F. & G Services, Inc.
2. The principa	l office address: 3519 Enterprise Way, Green Cove Springs, FL 32043
	New York Control of the Control of t
3. The mailing	address (if different):
4 Data of incom	poration/qualification: 10/24/89 Document number: L24969
· . #	
	id street address of the current registered agent and registered office on file with the artiment of State:
÷	Roberto Arias
•	519 Newman Street
,	Jacksonville, FL 32202
6. The name an (if changed):	James D McKenzie
	James D McKenzie
	3519 Enterprise Way
	(P.O. Box NOT acceptable)
	Green Cove Springs, FL 32043
The street addras changed will	ress of its registered office and the street address of the business office of its registered agent, il be identical.
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
. Ha mil	James D McKenzie, Treasurer and Director  (Printed or typed name and title)
I hereby accep I further agree of my duties, a document is be corporation he	If the appointment as registered agent and agree to act in this capacity, at the appointment as registered agent and agree to act in this capacity, at to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ping filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
Jamle	1 D. Mitten gil 7-13-04  (Date)
If signing on b	chalf of an entity:
	(Typed or Printed Name)

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