PO100000 8782

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

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TO:	Amendment Section Division of Corporations					
	•					
	De Zina Divina Inc					
SUBJ	ECT: Dr Zine Diving, Inc.					
Name	of Corporation					
DOC	UMENT NUMBER: PO1000008782	Tice/Agent and fee are submitted for filing				
The e	nclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
	·	-				
Ellen	Canning					
Name	of Contact Person					
Dr Zii	ne Diving, Inc					
Firm/	Company					
19450	NW 298th st					
Addre	ess					
Okeco	hobee, Florida 34972					
City/S	State and Zip Code					
	drzincdiving@gmail.com					
E-ma	il address: (to be used for future annual rep	port notification)				
n c						
ror ti	urther information concerning this matter, pleas	se call:				
Ellen	Canning	at (863 \ \763-0848				
	Name of Contact Person	at (863)763-0848 Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.00 check made payable to the Dep	partment of State.				
	Mailing Address:	Street Address:				
	Amendment Section	Amendment Section				
	Division of Corporations					
	P.O. Box 6327	Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

Tallahassee, FL 32314

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

	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga					
in orde	r to change its registered office or regis	tered agent, or both, in th	e State of Florida.			
1. The name of t	he corporation: Dr Zinc Diving, Inc.	·				
	office address: 19450 NW 298th St					
3. The mailing a	ddress (if different):					
4. Date of incorp	PO1000008782					
	I street address of the current registered tment of State: (If resigned, enter resign		e on file with the			
	Ellen Canning					
	6575 NE 7th Ave.					
	Boca Raton, Florida 33487					
6575 NE 7th Ave. Boca Raton, Florida 33487 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Ellen Canning						
	Ellen Canning					
	19450 NW 298th St.					
	P.O. Box NOT acceptable					
	Okeechobee, Florida 34972					
The street address changed will	ess of its registered office and the stree be identical.	t address of the business	office of its registered agent,			
Such change wa authorized by the	as authorized by resolution duly adoptone board, or the corporation has been n	ed by its board of director otified in writing of the c	rs or by an officer so hange.			
Signalu	re of an officer or director	Ellen Canning Printed or typ	1 P ~ Treasurer			
I further agree of my duties, and document is bei	the appointment as fegistered agent a to comply with the provisions of all sta ad! am familiar with and accept the ob- ing filed merely to reflect a change in t s been notified in writing of this chang	itutes relative to the prop digation of my position a he revistered office addr	pacity. er and complete performance s registered agent. Or, if this ess, I hereby confirm that the			
Ellen	Canning	01/24/2020				
Sig	nature of Registered Agent		Pate			
If signing on be	thalf of an entity:					
D/ 21	yped or Printed Name					

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