P01000010135

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RAChange Tleurs 12-6-10

COVER LETTER

Division of Corporations P010000 10 135 DOCUMENT NUMBER: 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: Name of Contact Person DIGITAL DRAFTING ASSOCIATES INC Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ory M WILLIAMS Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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

· · · · · · · · · · · · · · · · · · ·	ganized under the laws of the State of FLORIGE
	ristered agent, or both, in the State of Florida.
1. The name of the corporation: DigiTAL D	YAFTING ASSOCIATES, INC.
2. The principal office address: 9205 SAW	CARLOS BLUD
Fort Myers	, FL 33967
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1-26-0	Document number: Polocolol35
5. The name and street address of the current registered. Florida Department of State: (If resigned, enter resigned)	
COPPORATION SERVICE	
1201 Harris HAYS	STREET STREET
TALL AHASSEE,	FL 32301-2525
6. The name and street address of the new registered a (if changed):	gent (if changed) and /or registered office
Cory M WILLIAMS	DIGITAL DOAFTING ASSOCIATES THE
9205 SAN CARLOS P.O. Box	Blod NOT acceptable
•	FL 33967
•	eet address of the business office of its registered agent,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	
Cory m Williams by will	- Cory M WILLIAMS (President)
I hereby accept the appointment as registered agent	and agree to act in this capacity. tatutes relative to the proper and complete performance obligation of my position as registered agent.
Conhilin	11-29-10
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	

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