P01000036820

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



900109679919

09/27/07--01008--017 **35.00



RA chs'



January 24, 2007

Dana C. McKinley 1469 Harmony Dr. Port Charlotte, FL 33952

SUBJECT: DMI TRANSPORT, INC.

Ref. Number: P01000036820

We have received your document for DMI TRANSPORT, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Letter Number: 207A00005667

Susan Payne Senior Section Administrator

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: DMI Transpart, Inc. (Name of corporation)			
DOCUMENT NUMBER: PO1000036820			
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:			
.Dana C. Mc Kin ley (Name of contact person)			
(Firm/Company)			
1469 Harmony Dr. (Address)			
Port Charlotte, FL 33952 (City/state and zip bode)			
For further information concerning this matter, please call:			
Dana C. McKinley at (941) 461-5678 (Area code & daytime telephone number)			
(Name of contact person) (Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399			

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 101 100 100 100 100 100 100 100 100 10
1. The name of the corporation: DMI Transport, Inc. 2. The principal office address: 1469 Harmony Br. Port Charlotte, R 33952
3. The mailing address (if different): P.O. BOX 381296 MUIDOCK FL 33938
4. Date of incorporation/qualification: 4)11 01 Document number: P6100036820
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Dana C. McKinley
9379 Steubenville Ave.
Englewood, fr. 34224 Es 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): DANA C MCKin /ey
WHAT C M'KIN TEY MO TO THE
(P.O. Box NOT acceptable)
Port Charlotte, PL 33952 5 5
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 corporation has been notified in writing of the change.
X De Market of an officer or director) Dana C. Mckin ley (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 notified in writing of this change.
(Steparatic of Registered Agent) (Date)
If signing on behalf of an entity:
(Tunad or Deniad Nama)

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