

PO1000110700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

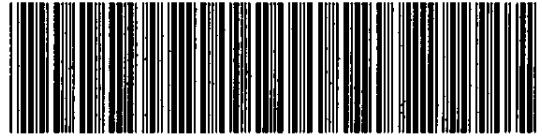
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHANGE OF ADDRESS FOR REGISTERED AGENT
Name of Corporation

DOCUMENT NUMBER: P01000110700

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:

ANGEL M. RIVERA

Name of Contact Person

DIMARA CORPORATION

Firm/Company

3745 MICHIGAN AVENUE

Address

ST. CLOUD, FL 34769

City/State and Zip Code

CALYNET@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL M. RIVERA

Name of Contact Person

at (863) 273-0132
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

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DIMARA CORPORATION
2. The principal office address: 3745 MICHIGAN AVENUE
ST. CLOUD, FL 34769
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/20/2001 Document number: P01000110700
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)

ANGEL M. RIVERA

909 W. FROSTPROOF RD.

FROSTPROOF, FL 33843

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANGEL M. RIVERA

3745 MICHIGAN AVENUE

P.O. Box NOT acceptable

ST. CLOUD, FL 34769

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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 Angel M. Rivera
Signature of an officer or director

ANGEL M. RIVERA, DIRECTOR

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.

x Angel M. Rivera
Signature of Registered Agent

x 4-15-2010
Date

If signing on behalf of an entity:

ANGEL M. RIVERA

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)