P0300018697

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

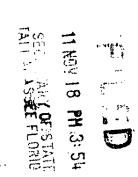
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COVER LETTER

TO: Amen Divisi	ndment Section ion of Corporations			
SUBJECT:_	DACASSO L	IMITED, INC		
	Name o	f Corporation		
DOCUMENT	r number: P(03000028697		
The enclosed	Statement of Change of Registered O	ffice/Agent and fee are sub	mitted for filing.	
Please return a	all correspondence concerning this ma	atter to the following:		
		J		
	John Farrell			
	Name of	Contact Person		
	_			
Dacasso Ltd, Inc. Firm/Company				
	1 11 11	Company		
2350B NW 71st Place				
Address				
Gainesville, FL 32653 City/State and Zip Code				
City/State and Zip Code				
ap@dacasso.com				
	E-mail address: (to be used for	or future annual report no	tification)	
For further inf	formation concerning this matter, pleas	se call:		
	Shelley Chappell	at (<u>352</u>)	331-4710	
	Name of Contact Person	Area Code & Day	331-4710 vtime Telephone Number	
Enclosed is a \$	\$35.00 check made payable to the Dep	partment of State.		
	Mailing Address:	Street Addre	<u>ss:</u>	
	Mailing Address: Amendment Section	Amendment	Section	
	Division of Corporations			
	P.O. Box 6327 Tallahassee FL 32314	Clifton Build	ing ive Center Circle	

Tallahassee, FL 32301

TO:

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

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