## P03000062219

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DMP Solutions, Inc. (Name of	corporation)
0-	
DOCUMENT NUMBER: <u>1300062219</u>	
The enclosed Statement of Change of Registered Office/A	agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Darrell A. Graham	
(Name o	f person)
DMP Solutions, Inc.	
(Name of fir	m/company)
7853 Gunn Hwy, #257	
(Add	lress)
Tampa, Florida 33626	
` •	nd zip code)
For further information concerning this matter, please call	:
Darrell A. Graham (Name of person)	at ( 813 ) 355-6662 (Area code & daytime telephone number)
(Name of person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Departme	ent of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th	iis state	ment	of
-	itted for a corporation organized under the laws of the State of Florida		_in o	order
to change its re	gistered office or registered agent, or both, in the State of Florida.			
1. The name of	the corporation: DMP Solutions, Inc.			
2. The principal	office address: 7853 Gunn Hwy, #257 , Tampa, Florida 33626			
3. The mailing a	address (if different): Same as above			
4. Date of incor	poration/qualification: 06/02/2003 Document number: P03000062219			
	d street address of the current registered agent and registered office on file with the rtment of State:			
	Darrell Graham			
	16125 Lytham Drive	<b>-</b> ₹		
	Odessa, Florida 33625	SECR	33 10	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	<u>.                                    </u>	1 1 D	
	Darrell Graham	577	⊽ ≰. ພ	
		TATE		_
	(P.O. Box or personal mailbox NOT acceptable)	_	_	
	Tampa, Florida 33626			
The street addr	ess of its registered office and the street address of the business office of its registere identical.	ed agen	t, as	
Such change w	as authorized by resolution duly adopted by its board of directors or by an officer so e corporation has been notified in writing of the change.	author	rized	by
Wall	Darrell A. Graham, President (Printed or typed name and title	e)		
I hereby accept I further agree duties, and I an being filed mer been notified in	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete per a familiar with and accept the obligation of my position as registered agent. Or, if the ly to reflect a change in the registered office address, I hereby confirm that the corrections of this change.	•	ce of :ume: on ha	fmy nt is 's
Hall	(Signature of Registered Agent) 1/19/2004 (Date)			<del> </del>
If signing on be	chalf of an entity:			
	(Typed or Printed Name) (Canacity)			<u> </u>

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