## P03000100667

(Requestor's Name)			
(Address)			
(Address)			
(Addless)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Cashidos Linas, Harrey			
(Document Number)			
Certified Copies Certificates of Status			
Γ			
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## **COVER LETTER**

TO: Amendm	ent Section "		• • •
Division	of Corporations		÷
SUBJECT:	D & S Properties of Flag	er, Inc.	
Name of Corpora	tion		
DOCUMENT N	UMBER: P03000100667	<del></del>	
The enclosed Stat	ement of Change of Register	red Office/Agent and f	ee are submitted for filing.
Please return all c	correspondence concerning th	nis matter to the follow	ing:
	, -		
James R. Kennedy,			
Name of Contact	Person		
Firm/Company			
250 Mirror Lake D	rive No		
Address		· · · · · · · · · · · · · · · · · · ·	
St. Petersburg, FL.	334701		
City/State and Zip	o Code	·	
	Jim@jrklaw.com		
E-mail address:	(to be used for future annu	ial report notification	1)
For further inforn	nation concerning this matter	, please call:	
James R. Kennedy,	, Jr.	at (727	821-6888
N:	Jr. ame of Contact Person	Area C	)821-6888 ode & Daytime Telephone Numbe
	.00 check made payable to th		
<u>Ma</u> i Am	ling Address: endment Section	Street Addre	

**Division of Corporations** The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation organization or to change its registered office or registered.	anized under the laws of the State of Florida
1. The name of the corporation: D & S PROPERTIES O	
1. The name of the corporation:	
2. The principal office address: 34 Lynbrook Drive  Palm Coast, FL 32137	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/15/2003	Document number: P03000100667
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	agent and registered office on file with the
Joe Loguidice	
1515 Ridgewood Avenue, A	
Holly Hill, FL 32117	
6. The name and street address of the new registered ag (if changed):	ent (if changed) and /or registered office
James R. Kennedy, Jr.	· <u>.</u>
250 Mirror Lake Drive N	1
P.O. B St. Petersburg, FL 33701	lox NOT acceptable
as changed will be identical.	et address of the business office of its registered agent,
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.
Signature of an officer or director	Douglas Jahn Printed or typed name and title
I hereby accept the appointment as registered agent a	nd agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the
My Kerner M/	1-4-21
Signature of Registered Agent	Date
If signing on behalf of an entiry:	
Typed or Printed Name	

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