(Requestor's Name) (Address)	700352851737
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	19,115,12001013026 ++35,00
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	26
Office Use Only	

,

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dackor Inc. Name of Corporation

DOCUMENT NUMBER: P03000121277

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:

Mark Viers	
Name of Contact Person	
Dackor Inc	
Firm/Company	
310 E Crown Point Rd.	
Address	
Winter Garden, FL 34787	
City/State and Zip Code	
mark@dackor.com	
E-mail address: (to be used for future annual report notification)	<u> </u>

For further information concerning this matter, please call:

Mark Viers	at $(407)^{654-5013}$
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

1. The name of t	he corporation:	
	office address: 310 E Crown Point Rd., Winter Garden, FL 34787	
3. The mailing a	ddress (if different):	
4. Date of incorporation/qualification: 10/28/2003 Document number: P0300012		77
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	ne
	Mark V Viers	
	350 E Crown Point Rd. # 1030	
	Winter Garden, FL 34787	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	•
	Mark V Viers	
	310 E Crown Point Rd.	
	P.O. Box NOF acceptable	
	Winter Garden, FL 34787	

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.

Signature of an officer or director

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 mytified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

MARK VIERS 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 (04/13)