P030015176/

(Re	equestor's Name)	
(Ac	ddress)	
	idress)	
Ų ··		
(Ci	ty/State/Zip/Phone	#)
	—	
PICK-UP	☐ WAIT	MAIL
	usiness Entity Name	e)
(-	,	-,
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
		1
		

Office Use Only



000042684050

11/15/04--01041--003 **35.00

OL NOV 15 AM II: 44

OL NOV 15 AM II: 44

3 1/23/04 DAINS

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	ECT: DO BO INVESTMENTS, INC				
00201	(Name of corporation)				
DOCU	MENT NUMBER: P03000151761				
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
FRANK MONTI					
(Name of contact person)					
N/A					
(Firm/Company)					
3080 S OAKLAND FOREST DRIVE # 109					
(Address)					
	OAKLAND PARK, FLORIDA 33309				
(City/state and zip code)					
For fur	ther information concerning this matter, please call:				
FRANK	(MONT) at (954) 970 - 7309 (Name of contact person) (Area code & daytime telephone number)				
	(Name of contact person) (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 409 E. Gaines Street Tallahassee, FL 32399				

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

statement of cha	ange is submitted for a corporation orga	mized under the laws of the State of Florida stered agent, or both, in the State of Florida.
	the corporation: DO BO INVESTMENT	
2. The principal	office address: 5942 NW 57th WAY Co	ORAL SPRINGS FLORIDA 33067
3. The mailing a	address (if different): SAME	
4. Date of incor	poration/qualification: 12/15/2003	Document number: P03000151761
	d street address of the current registered artment of State:	agent and registered office on file with the
	FRANK MONTI	
	7405 N PINE ISLAND ROAD	
	TAMARAC, FLORIDA 33321	
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registered office
	ROBERT F. WEISS	OL NOV TO A SS. TO A
	7405 N PINE ISLAND ROAD	55.
	(P.O. Box NOT acceptable	e) mc 3 ft
	TAMARAC, FLORIDA 33321	
The street addr	ress of its registered office and the stree I be identical.	et address of the business office of its respected agent,
		ed by its board of directors or by an officer so notified in writing of the change.
The t		Lisa Robertson
Signal	ure of an officer of director)	(Printed or typed name and title)
I further agree	t the appointment as registered agent a to comply with the provisions of all sto nd I am familiar with and accept the ol- ing filed merely to reflect a change in t is been notified in writing of this chang	and agree to act in this capacity. Autournell 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 te.
1/200	the flair	11 / 11 / 04
(S	ignature of Registered Agent)	(Date)
If signing on be	ehalf of an entity:	
	Typed or Printed Name)	

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