

PO4 000053227

(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:

Office Use Only



000266580050

11/17/14--01012--012 \*\*35.00

SECRETARIAT OF THE  
FALL APPELLATE COURT

14 NOV 17 AM 8:55

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** David O., Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P04000053227

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:

Carol Marcus-Stanley  
Name of Contact Person

David O., Inc.  
Firm/Company

P O Box 331615  
Address

Coconut Grove FL 33233-1615  
City/State and Zip Code

davidodesign@hotmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARIAT  
TALLAHASSEE, FL  
14 NOV 17 AM 8:55  
FILED

For further information concerning this matter, please call:

Carol Marcus-Stanley at ( 305 ) 854-9299  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: David O., Inc.
2. The principal office address: P O Box 331615  
Coconut Grove FL 33233-1615
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/22/2004 Document number: P04000053227
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Carol Marcus-Stanley  
2300 Overbrook Street  
Coconut Grove FL 33133

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carol Marcus-Stanley  
2686 SW 28 Lane  
P.O. Box NOT acceptable  
Miami FL 33133

FILED  
14 NOV 17 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Carol Marcus-Stanley, Secretary  
Printed or typed name and title

*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. ~~On if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.~~*

  
\_\_\_\_\_  
Signature of Registered Agent

12 Nov 2014  
Date

If signing on behalf of an entity:  
Carol Marcus-Stanley  
Typed or Printed Name

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