

P04000083410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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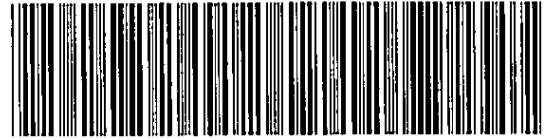
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dashe1 Inc.
Name of Corporation

DOCUMENT NUMBER: P04000083410

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:

David Schwadron
Name of Contact Person

Dashe1 Inc
Firm/Company

10350 SW125 St
Address

Miami FL 33176
City/State and Zip Code

E-mail address: (to be used for future annual report notification) 10350 SW125 St Miami FL 33176

For further information concerning this matter, please call:

David Schwadron at (305) 215-8783
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: Dashel Inc
2. The principal office address: 10350 SW 125 St Miami FL 33176
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 5/26/2004 Document number: P04000083410
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)

Aaron Dreiling
18001 Old Cutler Rd #362
Miami FL 33157

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

David Schwadron
10350 SW 125 St
P.O. Box NOT acceptable
Miami FL 33176

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
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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]
Signature of an officer or director

David Schwadron
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. 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 notified in writing of this change.

[Signature]
Signature of Registered Agent

[Signature]
Date

If signing on behalf of an entity:

Typed or Printed Name

1/13/20

*** 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)