

PO5000034413

(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



800252269888

10/08/13--01026--002 **35.00

FILED
13 OCT -8 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DCA SYSTEMS, INC
Name of Corporation

DOCUMENT NUMBER: P05000034413

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:

A. DAVID COLES
Name of Contact Person

DCA SYSTEMS, INC
Firm/Company
1540 CLEARGLADES DR
Address

WESLEY CHAPEL FL 33543
City/State and Zip Code

ADAVID COL @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

813 994 8474 at 813,994-8474
Name of Contact Person Area Code & Daytime Telephone Number
A. DAVID COLES

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

FILED
13 OCT -8 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: DCA SYSTEMS, INC
2. The principal office address: 1540 CLEARGLADES DR
WESLEY CHAPEL FL 33543
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5-2005 Document number: PO500003443
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)
A. DAVID COLES
1540 CLEARGLADES DR
WESLEY CHAPEL FL 33543
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DAVID C. LANIGAN
15310 Amberly Dr Ste 250
P.O. Box NOT acceptable
TAMPA FL 33647

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

A. DAVID COLES, PRESIDENT
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, hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Oct. 4, 2013
Date

If signing on behalf of an entity:

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 (03/12)

FILED
13 OCT 9 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA