

PD5 0000 43794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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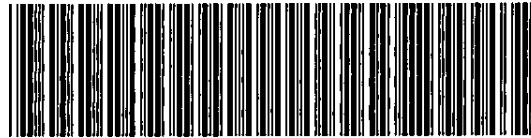
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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1-23-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOLPHIN FINANCE OF FLORIDA, INC.
Name of Corporation

DOCUMENT NUMBER: P05000043794

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:

Joel Brow
Name of Contact Person

Dolphin Finance of Florida, Inc.
Firm/Company

P.O. Box 51697
Address

Lighthouse Point, Florida 33074
City/State and Zip Code

joelbrow@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Brow at (954) 709-6014
Name of Contact Person Area Code & Daytime Telephone Number

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

RECEIVED

RECEIVED 12 JAN -6 AM 9:15
TALLAHASSEE, FLORIDA
JAN -6 AM 9:15
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2012

JOEL BROW
DOLPHIN FINANCE OF FLORIDA, INC.
P. O. BOX 51697
LIGHTHOUSE POINT, FL 33074

SUBJECT: DOLPHIN FINANCE OF FLORIDA, INC.
Ref. Number: P05000043794

We have received your document for DOLPHIN FINANCE OF FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 512A00000489

*Hand
OK*

**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: Dolphin Finance of Florida, Inc.
2. The principal office address: 1394 NE 48th Street
Pompano Beach, Florida 33074
3. The mailing address (if different): P.O. Box 51697
Lighthouse Point, Florida 33074-1697
4. Date of incorporation/qualification: 03/15/2005 Document number: P05000043794
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)

Jorge L. Gonzalez

1600 S. Dixie Highway, Suite 110

Boca Raton, Florida 33432

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

Joel Brow

1394 NE 48th Street

P.O. Box NOT acceptable

Pompano Beach, Florida 33064

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.

X

Signature of an officer or director

Joel Brow - 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, I hereby confirm that the corporation has been notified in writing of this change.

X

Signature of Registered Agent

X

Date

12-31-11

If signing on behalf of an entity:

N/A

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 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 20 PM 2:13

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