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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nam	ne)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DENNIS REPRETY CORP (Name of Corporation)
DOCUMENT NUMBER: P0500060208
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:
BARBARA DENNIS (Name of Contact Person) DENNIS REACTY CORP (Firm/Company)
1706 S PARK AVE (Address)
SANFORD FL 3377/ (City/State and Zip Code)
For further information concerning this matter, please call:
BANBARA DENNIS at (904) 434-2849 (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 __ FLOCIDA $_{0}$ Δ in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: SANFORD FL 327 3. The mailing address (if different): 4. Date of incorporation/qualification: 5/1/2005 Document number: P05000060208 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: BARBARA DENNIS 3944 SUMMER PINES DR TACKSONVILLE PR 32257 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 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. ture of an officer or director 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. If signing on behalf of an entity: (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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