P05000068971

(Re	equestor's Name)	<u> </u>
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



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SECRETARY OF STATE
DIVISION OF CORPORATION

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COVER LETTER

10;	Division of Corporations	
SUBJ	BJECT: DML Products Inc.	
	Name of Corporation	
DOC	OCUMENT NUMBER: P05000068971	
The er	e enclosed Statement of Change of Registered Office/Agent and fee are submit	red for filing.
Please	ase return all correspondence concerning this matter to the following:	
	David M. Lyon	
	Name of Contact Person	
	DML Products Inc.	
	Firm/Company	
	2535 Sun Cove Lane	
	Address	
	North Palm Beach, FL 33410	
	City/State and Zip Code	····
	E-mail address: (to be used for future annual report notification)	oation
	E-mail address. (to be used for future annual report norm	zacion)
For fu	further information concerning this matter, please call:	
David I	vid Lyon at (561) 622-170	06
	Name of Contact Person Area Code & Daytin	ne Telephone Number
Enclos	closed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Street Address: Amendment Section	etion
	Division of Corporations Division of Cor	
	P.O. Box 6327 Clifton Building	g g
	Tallahassee, FL 32314 2661 Executive	Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stainge is submitted for a corporation organized under the laws of the State of Florer to change its registered office or registered agent, or both, in the State of Florer	ida	his
1. The name of	the corporation: DML Products In.		
	office address: 2535 Sun Cove Lane, North Palm Beach, FL 33410		
3. The mailing a	address (if different):		78
4. Date of incor	poration/qualification: May 11,2005 Document number: P05000068	1971	
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the	
	United States Corporation Agents, INC.		
	13302 Winding Oaks BLVD STE A-100	2017	SIAIĜ 3E
	Tampa, FL 33612-3425 US	APR -6	ON OF
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		žc-
	Registered Agents Inc.	 پ	
	3030 N. Rocky Point Dr. STE 150A		
	P.O. Box NOT acceptable		
	Tampa FL 33607		
The street address changed will	ess of its registered office and the street address of the business office of its rebe identical.	gister	ed agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an offine board, or the corporation has been notified in writing of the change.	icer so	
Signatu	David M. Lyon, President re of an officer or director Printed or typed name and title		
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple my duties, and I am familiar with and accept the obligation of my position as is document is being filed merely to reflect a change in the registered office a that the corporation has been notified in writing of this change.	ete regisi iddress	tered s, I
Bee Han	04/03/201	17	
Sig	nature of Registered Agent Date		
If signing on be	half of an entity:		
Bill Havre			
T	yped or Printed Name		

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