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





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Ri Chg.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DAL LAND INVESTMENTS, INC. (Name of Corporation)
DOCUMENT NUMBER:
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:
Name of Contact Person) DAL LAND INVESTMENTS, INC. (Firm/Company)
13/3/ SW 132 STREET, SUITE 202
MIAMI, FL 3.3186 (City/State and Zip Code)
For further information concerning this matter, please call:
Aime of Contact Person) at (305) 969-0005 x313 (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

1. The name of the	vamanations	N41 1	AND INVE	STMENTS,	MC.
2. The principal off	_			STREET	
	ce address	· -		_	JUITE
3. The mailing addr					
4. Date of incorpora	tion/qualification:	5/26/05	Document nu	nber: <u>PO50</u>	0000 78:
5. The name and str	eet address of the co	/ / -			=
Florida Departme	nt of State:	× 10/2==/	1 1-	(4/6	SEC. 25
		DANIEL		1/1/2 1/2	影 2
	186	629 SW	101" A	MENUE_	1551.72 1251.73
		IAMI, FL	33/57	7	120 14
6. The name and stre (if changed):	eet address of the no	ew registered agent	(if changed) and /	or registered office	ORIGINA
	4	DANIEL I		<i>ا</i> ح	
		3131 SW	132ND571	CEET, SUITE	202
	•	D Box NOT acceptable)			
—— Chautuaat odduaas s		7		(2/4 (3 *)	
The street address on changed will be	dentical.	_			
such change was at authorized by the b	ithprized by resolutions, or the corpor	ition duly adopted ation has been noti	by its board of dir fied in writing of	ectors or by an off the change.	icer so
		\angle	DANKEL	A. LEVINE	PRESIDE
•	an officer or director) appointment as re-	eistered avent and	agree to act in th	for typed name and file) is capacity	
hereby accept the further agree to easy further agree to easy further agree to easy further the further than	mipty with the pro un familiar with a	visions of all statu nd accept the oblig	es relative to the ation of my positi	proper and comple on as registered as	te performanc tent. Or, if thi
orporation has bee	en notified in writing	ng of this change.	registerea однее <i>с</i>	iaaress, 1 nereny c	onfirm that the
				0/28/05	
(Signatui	e of Registered Agent)			(Date)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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