P13000039487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 25 2013

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D.B.Orel Inc
Name of Corporation

DOCUMENT NUMBER: P06000039487

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:

David Orel
Name of Contact Person

D.B.Orel Inc
Firm/Company

171 12th St NE
Address

Naples, FL. 34120
City/State and Zip Code

David@CustomPaintingConcepts.com
E-mail address: (to be used for future annual report notification)

RECEIVED
13 OCT -9 AM 11:26
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

David Orel at (239) 825-4068 EXT 1
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

CR2E045 (03/12)

R. White

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2013

DAVID OREL
D.B. OREL INC
171 12TH ST NE
NAPLES, FL 34120

SUBJECT: D.B. OREL, INC
Ref. Number: P06000039487

We have received your document for D.B. OREL, INC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 413A00024056

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Tallahassee, FL 32301

CR2E045 (03/12)

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: D B Orel Inc

2. The principal office address: 171 12th ST NE Naple, FL 34120

3. The mailing address (if different):

4. Date of incorporation/qualification: 03/20/2006 Document number: P06000039487

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)

David Orel

27657 Tierra Del Sol Ln.

Bonita Springs, FL 34135

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

David Orel

171 12th ST NE

P.O. Box NOT acceptable

Naples, FL 34120

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 of an officer or director

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.

Signature of Registered Agent

10-22-13

Date

If signing on behalf of an entity:

Typed or Printed Name

FILED
13 OCT 23 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*** * * 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)