PO6000060537

(Re	questor's Name)	
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(Ad	dress)	** ****
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEF FINDER

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COVER LETTER

ij ng			
TO: Amendment Section' Division of Corporations			
SUBJECT: D And Son, Inc			
(Name of Corporation)			
D000000000			
DOCUMENT NUMBER: P06000060537			
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:			
Dennis Singh			
(Name of Contact Person)			
D And Son, Inc			
(Firm/Company)			
13341 Kitty Fork Rd			
(Address)			
Orlando, FL 32828			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Dennis Singh at (407) 249-9358 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section			

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

statement of change is submitted for a corporation	on organized under the laws of the State of FLorida or registered agent, or both, in the State of Florida.
1. The name of the corporation: D And Sor	ıc.
2. The principal office address: 13341 Kitty Fo	ork Rd, Orlando, FL 32828
3. The mailing address (if different):	
4. Date of incorporation/qualification: 04-28-0	6 Document number: P0600060537
5. The name and street address of the current reg Florida Department of State:	istered agent and registered office on file with the
Grace Singh	
13341 Kitty Fork Rd,	
Orlando, FL 32828	06 SE TAL
6. The name and street address of the new registe (if changed):	ered agent (if changed) and /or registered of TORY OF THE SEE
A. A. Ali, CPA	
1322以. Pine Hi (P.O. Box NOT	ills Rd
Orlando, FL 32808	
The street address of its registered office and the changed will be identical.	ne street address of the business office of its registered agent,
Such change was authorized by resolution duly authorized by the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
(Signature of an officer or director)	Dennis Singh, President (Printed or typed name and title)
I hereby accept the appointment as registered	fall statutes relative to the proper and complete performance t the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the
A-A-Ali	05-15-06
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	_
* * * FIL	ING FEE: \$35.00 * * *