P06000012443

(Req	uestor's Name)
(Addi	ress)
(6.4.4	ress)
(Audi	(C55)
(City)	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(0)	F-66. N
(Busi	iness Entity Name)
(Doc	cument Number)
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OIPECTATION FICE

RECEIVED



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 213172 8433724

AUTHORIZATION : () A C MASS

COST LIMIT : \$\sqrt{3}5.00

ORDER DATE: December 15, 2023

ORDER TIME : 9:34 AM

ORDER NO. : 213172-001

CUSTOMER NO: 8433724

CHANGE OF AGENT

NAME: D. & D. IMAGING CO.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida S. tion organized under the laws of the State of <u>F</u> 2 or registered agent, or both, in the State of Fl	<u> </u>
	he corporation; D. & D. IMAGII		
		19 N Ste 4 Palm Harbor, FL 34684	
3. The mailing a	ddress (if different):		
4. Date of incorporation/qualification: Document number: P060000			72443
5. The name and		egistered agent and registered office on file wit	
	D. & D. Imaging Co		<i>?</i> \
	32615 US Hwy 19 N Ste 4		~ 3
	Palm Harbor	FL 34684	
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered offi	ce' ;
	Corporation Service Compar	ny	· 3
	1201 Hays Street		
		P.O. Box. NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and be identical.	the street address of the business office of its	registered agent.
Such change wa authorized by th	s authorized by resolution du e board, or the corporation ha	ly adopted by its board of directors or by an cas been notified in writing of the change.	officer so
Grea	e of an officer or director	Gregory S. Davis	CEO
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered	Printed or typed name and inlo l agent and agree to act in this capacity. of all statutes relative to the proper and comp pt the obligation of my position as registered ange in the registered office address. I hereby is change.	
By: Drace	1 1 los	12/18/2023	
	nature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
	rby, Asst. Vice President	<u> </u>	

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

Makin checks have be to Elighby Debartanth of States