## P08000051585

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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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May you

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Dee's Professional Services, Inc. (Name of Corpo	ration)			
DOCUMENT NUMBER: P08000051585	10.00			
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.			
Please return all correspondence concerning this matter to t	he following:			
Denine Jankowski				
(Name of Contact Person)				
Dee's Professional Services, Inc.  (Firm/Company)				
2570 Fairmont Ave (Address)				
New Smyrna Beach, FL 32168 (City/State and Z	ip Code)			
For further information concerning this matter, please call:				
Denine Jankowski (Name of Contact Person)	t ( 386 ) 478-3470 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department	nt 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

statement of cha	ange is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this ranized under the laws of the State of Florida
		istered agent, or both, in the State of Florida.
1. The name of	the corporation: Dee's Professional Se	rvices, Inc.
2. The principal	office address: 2570 Fairmont Ave	
	New Smyrna Beach,	, FL 32168
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 05/23/08	Document number: P08000051585
	d street address of the current registered rtment of State:	d agent and registered office on file with the
	Denine Jankowski	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	2570 Fairmont Ave	52 6
	New Smyrna Beach, FL 32168	西
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office
	USA-RA, LLC	
	841 Prudential Dr., 12th Floor	r
	(P.O. Box NOT accepta	
	Jacksonville, FL 32207	
The street addr as changed wil	ess of its registered office and the stre l be identical.	et address of the business office of its registered agent,
Such change wanthorized by t	as authorized by resolution duly adop he board, or the corporation has been	nted by its board of directors or by an officer so notified in writing of the change.
Signat	ure of an officer of diffector)	Denine Jankowski (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is be	/ / '	and agree to act in this capacity. tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the
Please see	attached	10/22/08
(S	gnature of Registered Agent)	(Date)
If signing on be	ehalf of an entity:	
Kyle Lavende	er	
(	Typed or Printed Name)	
	* * * FILING	FEE; \$35.00 * * *

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

## Consent to serve as Florida Statutory Agent

I, Kyle Lavender, Managing Member of USA-RA LLC, hereby sign on behalf of USA-RA LLC who shall consent to serve as Statutory Agent in the state of Florida for:

DEE'S PROFESSIONAL SERVICES, INC.

I understand it will be our responsibility to accept service of process on behalf of the corporation, to forward mail addressed to the corporation in care of USA-RA LLC, and to immediately notify the Florida department of state if we resign or change the statutory office address. Our statutory office address and mailing address is:

**USA-RA LLC** 

841 Prudential Drive Floor 12-6491007 Jacksonville, FL 32207 DENOV-3 MID: 15

Signature of Agent

KYLE LAVENDER

Printed Name

Date

USA-RA LLC

If signing on behalf of a company, please print company name here.