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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DDBF Hospitality Consultants, 12
DOCUMENT NUMBER: PO900055744
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:
DOBE Hospitality Consultants, Inc
5464 Levald Address
Stay/State and Zip Code 34211
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

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

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 in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: DDBF HDSD tality (an fultants Inc. 2. The principal office address: 5464 Lange Rd Bradenton, Tr. 34311	٠.
3. The mailing address (if different):	
4. Date of incorporation/qualification: 6/26/09 Document number: P0900055740	4
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)	
John W. Balliett	
Sanasota, Fr BUZUD.	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
50hn W. Balliett (110changer)	
PO Box NOT acceptable Production Fr 34211	
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 corporation has been notified in writing of the change.	
Signature of an officer or director Printed or typed name and title ProSide	21
I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept 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 Date	
If signing on behalf of an entity:	
Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *
KS PAYABLE TO FLORIDA DEPARTMENT OF \$TA