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TO: Amendment Section Division of Corporations
SUBJECT: Name of Corporation
DOCUMENT NUMBER:
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:
t and the same to
Name of Contact Person  Name of Contact Person  Name of Contact Person  Odd Use Ally 3015  Address  Address  City/State and Zip Code  Chuleavay Coro @ 9mail.um  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lauro Lanorman at (813) 389 4791
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

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

in ord	er to change its re	gistered office or register	red agent, or both, in the State of	of Florida.
1. The name of	the corporation:_	Drive dua	Serving >	Course
2. The principa	l office address:	6222 USA	ky 301'S	
	address (if differen	nt):		,
4. Date of inco	rporation/qualifica	tion: /2/17/09	Document number: PC	9600101
	artment of State: (I  CheT  1271	the current registered ag f resigned, enter resigned Jennings Annaus auma, Fl	<u> </u>	with the
6. The name an (if changed):		the new registered agent NO LCAOTMO 2 US Huu P.O. Box NOT a	t (if changed) and /or registered  A 3015  A 33578	office 15 OCT 12 AM
			ddress of the business office of	
/	ras authorized by the control of the		by its board of directors or by a fied in writing of the change.  Printed or typed name and	man
I further agree	to comply with the	e provisions of all statut am familiar with and ac	agree to act in this capacity. es relative to the proper and co cept the obligation of my positi ct a change in the registered of writing of this change.	omplete on as registerea fice address, I
agent. Or, if the hereby confirm	that the corporat		19/8/15 Date	

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