

PIO 0000 17989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

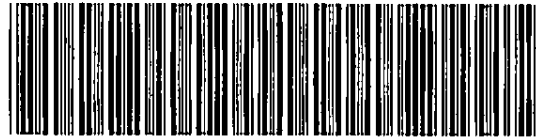
(Business Entity Name)

(Document Number)

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2020 NOV -2 PH 12: 58  
SECRETARY OF STATE  
TALLAHASSEE, FL

12/11/20

A handwritten signature or mark, possibly initials, located below the date.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DIGITAL SPINETICS, PA  
Name of Corporation

**DOCUMENT NUMBER:** P10000017989

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:

David K. Poces.

Name of Contact Person

DIGITAL SPINETICS, PA

Firm/Company

PO Box 1088

Address

Boca Raton, FL 33429

City/State and Zip Code

bioread120@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David K. Poces

Name of Contact Person

at (561) 302-6820

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DIGITAL SPINETICS, PA

2. The principal office address: 1388 NW Boca Raton Blvd., Suite 3, Boca Raton, FL 33432

3. The mailing address (if different): P.O. Box 1088, Boca Raton, FL 33429

4. Date of incorporation/qualification: 2/26/10 Document number: P10000017989

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)

David K. Poces  
134 NW 16th Street, Suite 2  
Boca Raton, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David K. Poces  
1388 NW Boca Raton, Blvd., Suite 3  
P.O. Box NOT acceptable  
Boca Raton, FL 33432

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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 board, or the corporation has been notified in writing of the change.

David K. Poces  
Signature of an officer or director

David K. Poces, President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to 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.*

David K. Poces  
Signature of Registered Agent

10/28/2020  
Date

If signing on behalf of an entity:

David K. Poces  
Typed or Printed Name

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