1600035891

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAiL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	•
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,
Special Mondenand to	g eee	
		l l

Office Use Only



400357037644

2020 DEC 29 PH 12: 2

RECEIVED

2020 DEC 29 PM 1:01

570500

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



2020 DEC 29 PM 12: 18



ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 12/28/2020

PRIORITY Routine

OUR REF_#_(Order_ID#)_ 880173

ORDER ENTITY_____ DINO LINGO, INC.

ΡĮ	LEASE	PERF	ORM	THE	FOLL	OWING.	SERVICE	S:

DINO LINGO, INC. (FL)

File the attached change of agent document

NOTES:____

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

COPY

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

onday, December 28, 2020 Page 1 of 1

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

statement of ch	unge is submitted for a corporation org	1502, 607,1508, or 617,1508, Florida Stati a ganized under the laws of the State of <u>f</u> istered agent, or both, in the State of Flori	lorida
1. The name of	the corporation: Dino Lingo, Inc.		
2. The principa	office address: 4720 SE 15th Ave., Uni		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 4/26/2010	Document number: P1000003589	91
5. The name an		d agent and registered office on file with the	
	Acar, Serdar		
	4720 OF 154 A 17 Table		2920
	Cape Coral, FL 33904); 2929 DEC :
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):			29 PN
	Incorporating Services, Ltd.		0:1
	1540 Glenway Drive	·	
	PO	Box NOT acceptable	
	Tallahassee, FL 32301		
The street addr as changed wil	ess of its registered office and the stre	et address of the business office of its re-	gistered agent.
Such change wauthorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an offi notified in writing of the change.	cer so
		Serdar Acar	
Signati	ire of an officer or director	Printed or typed name and title	
I further agree of my duties, a document is he	the appointment as registered agent to comply with the provisions of all st ad I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	tatutes relative to the proper and comple phligation of my position as registered ag the registered office address. I hereby co	te performanc ent. Or, if thi onfirm that the
Malina	indure of Registered Agent	12/28/2020	
If signing on be	chalf of an entity:		
Melissa Stop	os, Assistant Secretary		
*!	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
CR2E045 (04/13)