

P10000037770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

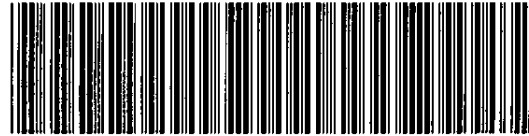
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.A.

Brown 4-6-11



A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr.
Suite 200
Cedar City, Utah 84720
Phone 435-586-9366
Fax 435-586-9491

Holly Butterfield, Paralegal
Holly@kkolawyers.com

March 29, 2011

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for processing are duplicates of the Statement of Change of Registered Office form for **Dvorkin Investments, Inc.** Also enclosed is a check in the amount of \$35.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Holly Butterfield
Legal Assistant

Enclosure

**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: Dvorkin Investments, Inc.
2. The principal office address: 17888 67th Court North, Loxahatchee, Florida 33470
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/29/2010 Document number: P10000037770
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)

Michael M. Dvorkin

14 Turtle Walk

Key Biscayne, Florida 33149

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

Incorp Services, Inc.

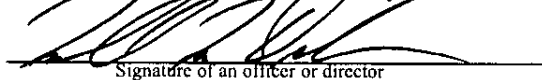
17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, Florida 33470

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

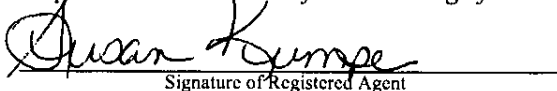
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Michael M. Dvorkin, 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.


Signature of Registered Agent

3/25/11
Date

If signing on behalf of an entity:

Susan Kumpe, Authorized Rep

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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA