## P10000043704

(Re	questor's Name)	,
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2016

JAMIE ILIF WILSON / DABWEAR INC. 2308 OAKLANE RD. VALRICO, FL 33596 US

SUBJECT: DABWEAR INC. Ref. Number: P10000043704

We have received your document for DABWEAR INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 916A00023789

Division of Comparations D.O. DOV 6207 Wellshames Florida 2001

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

SUBJECT: dab WEAR INC.
Name of Corporation
DOCUMENT NUMBER: P1 00000 43704
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:
Jame Ille WILSON Name of Contact Person
Name of Contact Person
LabWEAR INC. Firm/Company
Firm/Company
2308 DAKLANE RO
Address
VALRICO FL 33596 City/State and Zip Code
City/State and Zip Code
eath 200 aolicom

For further information concerning this matter, please call:

Name of Contact Person at (8/3) 7/6 -83/7

Area Code & Daytime Telephone Number

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

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 Circl
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 Florida.
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:
2. The principal office address: 2308 DAK/AN/E RO
2. The principal office address: 2308 DAKLANE RD  VALRICO, FL 33596
3. The mailing address (if different):
4. Date of incorporation/qualification: My 20, 20/0 Document number: P100000 43704
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)
735 7th St. W SOLD PN/metto FL 34271
735 7th St. W ) ADDRESS
Palmetto FL 34221
6. The name and street address of the new registered agent (if changed) and /or registered office
CHANGE
2202 0000 - 15 00
$\frac{2508 \text{ OFKLANE RD}}{\text{P.O. Box NOT acceptable}}$
VAURICO FL 33596 ( ADDRESS
(If changed):
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.
JAMIE IJJE WILSON, OWNER
James and the same
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.
11/17/2016
Signature of Registered Agent Date
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 (03/12)