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## **COVER LETTER**

TO:	Amendment Section Division of Corporation	ns		
SUBJE	CCT:	Dumbar & DeG	iorgio, P.A.	
		14dille of C	orporation	
DOCU	MENT NUMBER:	P10	000044533	A Section Control of Control of Control
The end	closed Statement of Cha	nge of Registered Offic	e/Agent and fee are submi	tted for filing.
Please 1	return all correspondenc	e concerning this matte	r to the following:	
		Sahr F	Dumbar	
			ontact Person	
		rame of Co	atact i cison	
		Dumbar & De	eGiorgio, P.A.	
			ompany	
		4801 S. Univers	ity Dr., Suite 265	
	· · · · · · · · · · · · · · · · · · ·		Iress	
		Davia Sla	-:4- 2220	
		City/State a	rida 33328 nd Zip Code	<del></del>
		sahrdumbar(	@gmail.com	
	E-mail add	lress: (to be used for t	future annual report noti	fication)
For furt	ther information concern	ning this matter, please	call:	
	Sahr Dur	mbar	at (305)	609-0822
	Name of Contac	et Person	Area Code & Dayti	609-0822 ime Telephone Number
Enclose	ed is a \$35.00 check mad	de payable to the Depar	tment of State.	
	<u>Mailin</u>	g Address: dment Section	Street Address	<b>.</b> .
			Amendment S	
		on of Corporations  Box 6327	Division of Co	•
	<del>-</del>	assee, FL 32314	Clifton Buildi	ng e Center Circle
	i aliali	103500, FL J2J14	ZOOT EXECUTIVE Tallahassee F	

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floria ange is submitted for a corporation organized under the laws of the State of the change its registered office or registered agent, or both, in the State of	f Florida	
1. The name of t	the corporation: Dumbar & DeGiorgio, P.A.		
2. The principal	office address: 4801 S. University Dr., Suite 265, Davie, Floric	la, 33328	
3. The mailing a	address (if different):	W	
4. Date of incorp	poration/qualification: 5/25/2010 Document number:	P10000044533	
	d street address of the current registered agent and registered office on file rtment of State: (If resigned, enter resigned)	with the	
	Farrow Law, P.A.	<u> </u>	
	4801 S. University Dr., Suite 265		
	Davie, Florida 33328		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	office Park JUN	777
	Sonya Dumbar	_ 🖟 🗓 🖺	af het Ej <b>e</b> n
	199 E. Flagler Street, Suite 1810		1
	P.O. Box NOT acceptable  Miami, Florida 33131	3: 22	•
The street addre	ess of its registered office and the street address of the business office of be identical.	•	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so	
	Sahr Dumbar (Co	President)	
I hereby accept I further agree to of my duties, an document is be	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and a lam familiar with and accept the obligation of my position as registed morely to reflect a change in the registered office address, I have a facilitied in writing of this change.	•	
Sign	nature of Registered Agent  53120  Date	10	
. •	chalf of an entity:		
Soma	- Pumbar yped or Printed Name		

\* \* \* FILING FEE: \$35,00 \* \* \*