02 2011 Division of Corporations Torida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone

: (305)758-9001 : (305)758-0536 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN DAKOT GROUP, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	Dakot Group, Inc. DCUMENT NUMBER: p10000094403					
DOCUMENT NU						
The enclosed Artic	les of Amendment and fee a	re submitted for filing.				
Please return all co	rrespondence concerning thi	s matter to the following:				
	Rosy Soto					
	Name of Contact Person					
	Dealer Consulting Services Inc					
	Firm/ Company					
	7537 NW 7th Ave					
Address						
		Miaml, FI 33150				
City/ State and Zip Code						
	roselyn E-mail address: (to be use	d for future annual report notification)				
For further informa	ation concerning this matter,	please call:				
	Rosy Soto	at (305) 758-90 Area Code & Daytime Telep	001 Ext 20			
Name	of Contact Person	Area Code & Daytime Telep	phone Number			
Enclosed is a check	k for the following amount n	nade payable to the Florida Departm	ment of State:			
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
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 Circle				

Tallahassee, FL 32301

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

, Florida,

(Zip Code)

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If amer	ading the Officers	and/or Direct	ors, enter th	e title and n	iame of each	officer/director bein	g
remove	ed and title, name	, and address o	feach Offic	er and/or D	irector being	g added:	
(Attach	additional sheets,	if necessary)					

<u>Title</u>	<u>Name</u>	Address	Type of Action
VPTD	Daniel Galvis	912 F Osceole Pkwy Kissimmee, FL 34744	□ Add ☑ Remove
P\$D	Carlos Sans	912 E Osceola Pkwy Kissimmea. EL 34744	□ Add ☑ Remove
<u> P</u>	Carlos E Sans Urbano	912 E Osceola Pkwy Kissimmee, FL 34744	☑ Add □ Remove
(attach a	ding or adding additional Articles, enditional sheets, if necessary). (Be specified to the control of the contr	nter chango(s) here: pecific) NO. PLEASE MAKE SURE BO	TH LAST
provisi	nendment provides for an exchange, ons for implementing the amendmen of applicable, indicate N/A)		

p.5

Carlos E Sans Urbano
(Typed or printed name of person signing)

President

(Title of person signing)