## P10000097043

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: DWIN CONSULTING No. Name of Corporation	n		
DOCUMENT NUMBER: P10600097043			
The enclosed Statement of Change of Registered Office/Agent a	nd fee are submitted for filing.		
Please return all correspondence concerning this matter to the fo	llowing:		
FRANK HUBER Name of Contact Pers			
Name of Contact Pers	on		
Firm/Company			
13334 THOROUGHBAGD Dan	Æ		
Address			
SADE C, TY, FL 33525 City/State and Zip Code			
bdewinne@verizon.net			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
BRIAN DEWINNE at (6	09 364.5929		
Name of Contact Person Are	ea Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of S	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 Circle		
1 anana3500, 1 12 323 1 4	2001 LACOUNT COMO CHOIC		

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 Statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of F	FLORIDA	
1. The name of the corporation: DWIN CONSULTING INC.		
2. The principal office address: 13334 THOROUGHBRED DRIVE  DADE CITY, FL 33525		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 12/1/20,0 Document number: P1000	xx097043	
5. The name and street address of the current registered agent and registered office on file wir Florida Department of State: (If resigned, enter resigned)	th the	
SPIEUR E VIRERA P.A.	_	
SPIECEL E VIRERA P.A.  1840 SOUTHWEST ZZNO STREET, 4TH FLOOR	_	
MIAMI, FRARIDA 33145	_	
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):  FRANK HUBEL	12 JAN III SECHLIAR TALLAHASS	司
13334 THEROUGHBRED DRINE PO. BOX NOT acceptable DADE CITY FL 33525		5E
The street address of its registered office and the street address of the business office of it as changed will be identical.	- RH en ts registered agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so	
Signature of an officer or director  Brian SeWinne Page 22  Printed or typed name and to	ine	
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 con of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	nplete performance d agent. Or, if this by confirm that the	
Signature of Registered Agent Date		
If signing on behalf of an entity:		
Frank Ausen		
Typed or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*