Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-B600 : (323)962-3889 Fax Number

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

Email Address:

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

Certificate of Status	0
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Corporate Filing Menu

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TO: Amendment Section Division of Corporation	ions	
SUBJECT:	DUGPAD, INC. Name of Corporation	
DOCUMENT NUMBER:_	P11000007142	·
The enclosed Statement of Cl	nange of Registered Office/Agent and fee are sub	mitted for filing:
Please return all corresponder	nce concerning this matter to the following:	
	Dragana Ognenovska Name of Contact Person	
:	;	
	Legalzoom.com, Inc.	
	Firm/Company	
	100 W. Broadway Suite 100 Address	
	Glendale, CA 91210 City/State and Zip Code	
Collegn E-mail ac	C. Sachs a seur - com dress: (to be used for future annual report no	otification)
	And the second of the second o	
For further information conce	rning this matter, please call:	
Dragana Oc Name of Cont	nenovska at (323)	962-8600
Name of Cont	act rerson Area Code & Da	ytime Telephone Number
Enclosed is a \$35.00 check m	ade 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 Circle
Tallahassee, FL 32301

• 1 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, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FL cr to change its registered office or registered agent, or both, in the State of Florida	
1. The name of t	the corporation: DUGPAD, INC.	·.;
2. The principal	I office address: 94 CREST DRIVE MIRAMAR BEACH FL 32550 US	
3. The mailing a	address (if different): 94 CREST DRIVE MIRAMAR BEACH FL 32550 US	
4. Date of incorp	poration/qualification: 01/21/2011 Document number: P11000007142	
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the attment of State: (If resigned, enter resigned)	
	SACHS & LA SEUR, P.A.	
	7815 CAMPFLOWERS ROAD	2
		2 E
6. The name and (if changed):		PH 10:3
	Colleen Sachs	O
	1384 County Highway 283 P.O. Box NOT acceptable	
	S. Santa Rosa Beach, Florida 32459	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
	WAN NESS JONES, WHIPPLE III PRESIDENT	T
I hereby accept I further agree of my duties, an document is he corporation ha	t 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 complete performance nd I am familiar with and accept the obligation of my position as revistered agent. Or, if this ting filed merely to reflect a change in the registered office address. I hereby confirm that the test been notified in writing of this change.	Sagradia (S Sagradia)
	62/21/2011	×
Sig	gnature of Registered Agent Date	* * *** *** *
If signing on be	ehalf of an entity:	
7	Colleen Sachs 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)