P11000030220

(Re	questor's Name)	_
(Address)		
(Address)		
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700285306767

05/06/16--01012--023 **35.00

2016 HAY -6 AH 9: 02



MAY - 9 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DMRAT Companies, Inc.

Name of Corporation

UMENT NUMBER, P11000030220

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:

Diane M Triana

Name of Contact Person

Firm/Company

PO BOX 350851

Address

Grand Island, FL 32735

City/State and Zip Code

dianetriana@gmail.com

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

For further information concerning this matter, please call:

Diane M Triana

,_/352 \602-754

Name of Contact Person

Area Code & Daytime Telephone Number

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 Circle
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: DMRAT Companies, Inc.
2. The principal office address: 13544 Berkshire Ct
Grand Island, FL 32735
3. The mailing address (if different): PO BOX 350851
Grand Island, FL 32735
4. Date of incorporation/qualification: 04/01/2011 Document number: P11000030220
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)
Diane M Triana
3141 Bulkley Place
Eustis, FL 32726
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Diane M Triana 13544 Berkshire Ct
· · · · · · · · · · · · · · · · · · ·
P.O. Box NOT acceptable Grand Island, FL 32735
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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.
Diane M Triana/President
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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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