## P1100005449a

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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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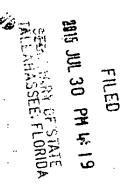
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## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DAB Consulting, Inc.

Name of Corporation

DOCUMENT NUMBER: P11000054492

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:

**David Blumberg** 

Name of Contact Person

DAB Consulting, Inc.

Firm/Company

9124 SW 51st Rd Unit B302

Address

Gainesville, FL 32608

City/State and Zip Code

david@dabconsulting.com

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

For further information concerning this matter, please call:

David Blumberg

<sub>..</sub>352

870-5800

á,

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

statement of ch	ange is submitted for a corporation org	2502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida	
		istered agent, or both, in the State of Florida.	
1. The name of	the corporation DAB Consulting	J, Inc.	
2. The principa	l office address: 9124 SW 51st F	Road Unit B302, Gainesville, FL 32608	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 6/9/2011	Document number: P11000054492	
5. The name an		d agent and registered office on file with the gned)	
	David Blumberg		
	1320 NW 3rd Ave Apt 328		
	Gainesville, FL 32603	gent (if changed) and /or registered office	
6. The name an (if changed):		gent (if changed) and /or registered office	
	David Blumberg		
	9124 SW 51st Rd Unit B3	02	
	P.O. Box N	IOT acceptable	
The street addr as changed wil	ess of its registered office and the stre l be identical.	et address of the business office of its registered agent,	
Such change wauthorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
	ure of an officer or director	David Blumberg President	
I hereby accen	t the appointment as registered agent	Printed or typed name and title  and agree to act in this capacity, atutes relative to the proper and complete I accept the obligation of my position as registered eflect a change in the registered office address, I I in writing of this change.	
	2-	7/27/2015	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	Typed or Printed Name		
	* * * FILING I	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)