P11000081076

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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COVER LETTER

| то: | Amendment Section Division of Corporations | • |
|--------|--|---|
| | ECT: Change of Registered Agent Name an of Corporation | nd Address |
| DOCU | UMENT NUMBER: P11000081076 | |
| The er | nclosed Statement of Change of Registere | d Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this | s matter to the following: |
| Lynne | Neenan | |
| Name | of Contact Person | |
| Dagna | bbit. Inc. | |
| Firm/(| Company | |
| 6960 N | SW 67th Ct. | |
| Addre | ss | |
| Parkla | nd, FL 33067 | |
| City/S | tate and Zip Code | |
| | lynnefritschi@aol.com | |
| E-mai | il address: (to be used for future annua | l report notification) |
| | | |
| For fu | rther information concerning this matter, | please call: |
| Lynne | Neenan | 245-1770 |
| | Name of Contact Person | at (561) 245-1770 Area Code & Daytime Telephone Number |
| Enclos | sed is a \$35.00 check made payable to the | : Department of State. |
| | Mailing Address: | Street Address; |
| | Amendment Section | Amendment Section |
| | Division of Corporations | Division of Corporations |
| | P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | inge is submitted for a corporation | 617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida | | |
|---|--|---|--------------|--|
| | | or registered agent, or both, in the State of Florida. | | |
| 1. The name of | the corporation: Dagnabbit, Inc. | | | |
| 2. The principal | office address: 6960 NW 67th Ct. | , Parkland, FL 33067 | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incoη | poration/qualification: 4 | Document number: PIDCCOS | <u> 10 7</u> | |
| 5. The name and | M . | I stered agent and registered office on file with the | | |
| | Lynne Fritschi | | | |
| | 102 Newberry Lane | | .) | |
| | Royal Palm Beach, FL 33414 | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | |
| | Lynne Neenan | | 7: I;3 | |
| 6960 NW 67th Ct. | | | | |
| | P.O Box NOT acceptable | | | |
| | Parkland, FL 33414 | | | |
| The street address changed will | ess of its registered office and the identical. | e street address of the business office of its registered ag | gent, | |
| Such change was authorized by the | as authorized by resolution duly ne board, or the corporation has | adopted by its board of directors or by an officer so been notified in writing of the change. | | |
| | 100 | Lynne Neenan, President | | |
| - | re of an officer or director | Printed or typed name and title | | |
| I further agree : of my duties, an document is bei | to comply with the provisions of ad I am familiar with and accept | gent and agree to act in this capacity. all statutes relative to the proper and complete perform the obligation of my position as registered agent. Or, is ge in the registered office address. Thereby confirm tha change. | f this - | |
| 100 | 10 | 10/06/2020 | | |
| | nature of Registered Agent | Date | _ | |
| If signing on be | half of an entity: | | | |
| т | yped or Printed Name | _ | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 45704/133

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