## 1000/06854

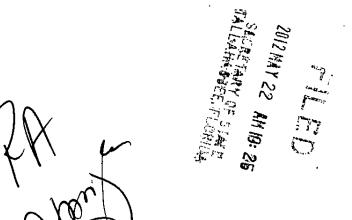
(Requestor's Name)	
(Address)	
(Address)	.
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	/





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05/22/12--01006--013 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: 2 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: For further information concerning this matter, please call:

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

	2011 10 100 - 700 - 7111
	ne of the corporation: <u>DALLVA WOTORS TWC</u>
2. The prin	cipal office address: 4322 PUTNAM AVE, JAKSONVILLE, FL
3. The mai	ling address (if different):
4. Date of	incorporation/qualification: 12/19/2011 Document number: P1100010685
	ne and street address of the current registered agent and registered office on file with the Department of State: (If resigned, enter resigned)
	UNITED STATES CORPORATION AGENTS, INC
	13302 WINDING OAK COURT A
	TAMPA, FL 23612
6. The nam (if chang	ne and street address of the new registered agent (if changed) and /or registered office aged):
	AFROVITI CORRAL
	1475 Beach AVE, Atlantic Beach, FL 32233
The street as changed	address of its registered office and the street address of the business office of its registered agent, I will be identical.
Such chan authorized	ge was authorized by resolution duly adopted by its board of directors or by an officer so by the board, or the corporation has been notified in writing of the change.
N	Signature of an officer or director  AFROVITI CORRAL (President)  Printed or typed name and title
I furthér a	ccept the appointment as registered agent and agree to act in this capacity. gree to comply with the provisions of all statutes relative to the proper and complete ice of my duties, and I am familiar with and accept the obligation of my position as registered , if this document is being filed merely to reflect a change in the registered office address, I nfirm that the corporation has been notified in writing of this change.
M	Signature of Registered Agent 5/16/2012

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

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