## P/2000006378

| (Red                                    | questor's Name)   |             |  |  |
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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section Division of Corporations

Dasaro Enterprise, INC

Name of Corporation

P12000006378

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:

Nicholas Yee

Name of Contact Person

13727 sw 152 st. # 249

Firm/Company

Address

**MIAMI FL 33177** 

City/State and Zip Code

dasaroenterprise@hotmail.com

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

For further information concerning this matter, please call:

Name of Contact Person

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 cha  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu<br>nge is submitted for a corporation organized under the laws of the State of <mark>FLO!</mark><br>r to change its registered office or registered agent, or both, in the State of Florid   | RIDA                | !<br><del></del> |  |
|---|--|---------------------|------------------|--|
| 1. The name of t  | he corporation: DASARO ENTERPRISE INC  |                     |                  |  |
| 2. The principal  | office address: 9132 SW 215 TER. MIAMI. FL 33189   |                     |                  |  |
|   |  |                     |                  |  |
| 3. The mailing a  | ddress (if different): 13727 SW 152 ST, #249. Miami. FI 33177  | ,                   |                  |  |
| 4. Date of incorp   | poration/qualification: 01/19/2012 Document number: P1200000   | 06378               | 3                |  |
| 5. The name and   | street address of the current registered agent and registered office on file with the treet of State: (If resigned, enter resigned)  |                     |                  |  |
|   | Raiza Torres   |                     |                  |  |
|   | 14305 sw 164 ter. Miami. Fl 33177  | 14.5                | SEC              |  |
|   |  | <b>A</b>            | RE T/<br>AHA     |  |
| 6. The name and (if changed):   | street address of the new registered agent (if changed) and /or registered office  | SEP 22: PM 2        | ARY OF S         |  |
|   | Claims Guardian Incorporated   | 2: 2:               | TAT<br>ORII      |  |
| 9132 SW 215 Terrace. Miami. Fl 33189  |  |                     |                  |  |
|   | P.O. Box NOT acceptable  |                     |                  |  |
| The street addre  | ss of its registered office and the street address of the business office of its reg<br>be identical.  | istered             | agent,           |  |
|   | s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.  | er so               | _                |  |
| Maya 1  | Tires President Kaiza  | 10RI                | RES              |  |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as r s document is being filed merely to reflect a change in the registered office addition that the corporation has been notified in writing of this change. | egister<br>dress, I | ed               |  |
| Sigj  | Nicholas Vec. 9/19/14.  Nater of Registered Agent Date   |                     |                  |  |
| ,   | half of an entity:   |                     |                  |  |
| Ту  | ped or Printed Name  |                     |                  |  |

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