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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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Office Use Only



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COVER LETTER

Division of Corporations			
SUBJECT: Name of Corporation			
DOCUMENT NUMBER: P 12 00000 7465			
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:			
Name of Contact Person			
Name of Contact Person			
NUCL TO			
Firm/Company			
b - 0 400			
P.O. Box 429 Address			
Sullivan No 63080 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (573) 468 8012 Area Code & Daytime Telephone Number			
Name of Contact Person \ Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
Tallahassee, FL 32314 Tallahassee, FL 32301			

TO:

Amendment Section

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 Statement of change is submitted for a corporation organized under the laws of the State of _	FLACION
in order to change its registered office or registered agent, or both, in the State of F	Ilorida.
1. The name of the corporation: DWFL, Inc.	
2. The principal office address: 506 E. PARK Rd	
PLANT CITY, FL 33563	
3. The mailing address (if different): P.D. Box 429	
Sullivan MO 63080	00
4. Date of incorporation/qualification:	00000 1465
The name and street address of the current registered agent and registered office on file w Florida Department of State: (If resigned, enter resigned)	ith the
DUSTY CINNAMON	
31643 EXECUTIVE BLVD	12 SEC 1ALI
LEESburg, FL 34748	A SEA
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	25 B D
Rebecca Medlin	3: 08 TATE ORIDA
506 E. PARK R.J	. > ``` ∞
P.O. Box NOT acceptable Plant City, FL 33563	
The street address of its registered office and the street address of the business office of it as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so
Signature of an officer or director Printed or typed name and to	Ve Sec/Trevouver
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 corperformance of my duties, and I am familiar with and accept the obligation of my position agent. Or, if this document is being filed merely to reflect a change in the registered officereby confirm that the corporation has been notified in writing of this change.	n as registerea
Reverse Medle "/7/2012 Signature of Registered Agent Date	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314