

P120000010190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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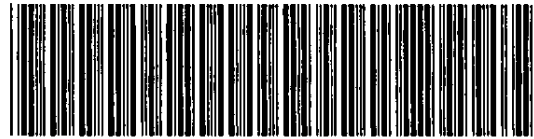
(Business Entity Name)

(Document Number)

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change

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2013 APR 25 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOOR  
4/25/13

K00789, 00614, 00671

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Datacomm Engineering Associates, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P12000010190

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:

Stanley J. Kostoff, II  
Name of Contact Person

Datacomm Engineering Associates, Inc.  
Firm/Company

13 Needles Drive  
Address

Ocala, FL 34482  
City/State and Zip Code

datacommengineering@gmx.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stanley J. Kostoff, II at ( 352 ) 229-2807  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2013

Stanley J. Kostoff II  
Datacomm Engineering Associates, Inc.  
13 Needles Drive  
Ocala, FL 34482

SUBJECT: DATACOMM ENGINEERING ASSOCIATES, INC.  
Ref. Number: P12000010190

We have received your document for DATACOMM ENGINEERING ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 613A00007291

ENCLOSED

RECEIVED  
13 APR 25 AM 11:56  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Datacomm Engineering Associates, Inc.

2. The principal office address: 13 Needles Drive, Ocala, FL 34482

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: January 31, 2012 Document number: P12000010190

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

United States Corporation Agents, Inc.

13302 Winding Oak Court, Suite A

Tampa, FL 33612

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stanley J. Kostoff, II

13 Needles Drive

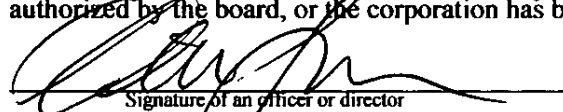
P.O. Box NOT acceptable

Ocala, FL 34482

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Stanley J. Kostoff, II President

Printed or typed name and title

*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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

April 18, 2013

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