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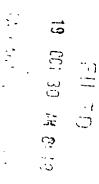
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DHKP Holdings, Inc. Name of Corporation
DOCUMENT NUMBER: P12 0000 15 10 6
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:
Kristen Packard Name of Contact Person
DHKP Holdings, Inc. Film/Company
4446 Hendricks Avenue, Suite 401
Jacksonville FL 32207 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristen Packard at ( 904 ) 476-7789 Name of Contact Person 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:  Amendment Section  Street Address:  Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

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

Pursuant to the prov statement of change in order to	is submitted j	for a corporat	ion organize		of the State of	Flor		!
1. The name of the c	orporation;_	DHKP	Holding	s, Inc.				
2. The principal offi					Suite 40	) [		
3. The mailing addre				32207				
4. Date of incorpora	tion/qualifica	tion: 2/14	+ 2012	Document nu	mber: P12	000019	5106	
5. The name and stre Florida Departme				nt and registered	office on file w	ith the		
	Dona	id H. f	ackar	d III			19	
_	2840	Dawn	Road	·		-	061	11
	Jack	ksonville	FL 3	32267		·•,	30	= n
6. The name and stre (if changed):	et address of	the new regis	tered agent (i	if changed) and /	or registered of	fice -	ဘု <u>အ</u>	-7
	Dona	ld H. P.	ackard	II			÷	
<del></del>	444		nicks Av	enue, Suite	401			
	Jac			32207				
The street address o as changed will be i	f its registere dentical.	ed office and t	he street add	lress of the busin	ness office of it	s register	ed ager	nt.
Such change was au authorized by the bo								
Christen of	Rola in other or direc	rd lur		Kristen k				dent
I hereby accept the I further agree to co performance of my agent. Or, if this do hereby confirm that	omply with th duties, and I ocument is be	e provisions o am familiar w ing filed mere	of all statutes with and acce wly to reflect	gree to act in thi relative to the p pt the obligation a change in the	s capacity. proper and com tof my position revistered offic	iplete i as regis	tered	
Signature	of Registered Ag	ent		10/16/201	Date			
If signing on behalf	of an entity:							
Typed	or Printed Name		<del></del>					

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