P13000011989

(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:

Office Use Only



500314720585

SELKE FARY OF SIME BING OF CORPORATES

IMSS JAB

COVER LETTER

OFFISION OF CORPORATION MI JUNEO AMII: 51

TO: Amendment Section Division of Corporations

SUBJECT: DEHYE INDUSTRIES INCORPORATED	
Name of Corporation	
DOCUMENT NUMBER: P13000011989	
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:	
GLENDA JONES	
Name of Contact Person	
SERVICES TO THE MAX, INC.	
Firm/Company	
10380 SW VILLAGE CENTER DRIVE #167	
Address	
PORT ST. LUCIE, FL 34987	
City/State and Zip Code	
services2dmax@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
GLENDA JONES Name of Contact Person at (754) 204-8852 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 **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> 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 Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: DEHYE INDUSTRIES INCORPORATED
2. The principal	office address: 10380 SW VILLAGE CENTER DRIVE #167
	AINT LUCIE, FL 34987
	oddress (if different): 10380 SW VILLAGE CENTER DRIVE #167 SAINT LUCIE, FL 34987
4. Date of incorp	poration/qualification: 2/5/2013 Document number: P13000011989
5. The name and	I street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	SERVICES TO THE MAX, INC.
	4042 SW CHERIBON STREET
	PORT SAINT LUCIE, FL 34953
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	SERVICES TO THE MAX, INC.
•	10380 SW VILLAGE CENTER DRIVE #167
	P.O. Box NOT acceptable PORT ST. LUCIE, FL 34987
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change was	as-authorized by resolution duly adopted by its board of directors or by an officer so he be board, or the corporation has been notified in writing of the change.
	GLENDA JONES, PRESIDENT
I heroby accept I further agree performance of	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered its document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	gnature of Registered Agent Date
If signing on be	ehalf of an entity:
GLENDA .	JONES
7	Typed or Printed Name

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