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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA VACATION PROPERTIES by Didi Corp.
Name of Corporation

DOCUMENT NUMBER: P13000015269

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:

DIANA DIMITROVA
Name of Contact Person

FLORIDA VACATION PROPERTIES by Didi Corp
Firm/Company

1757 SW ARMORE STR
Address

Port Saint Lucie, FL 34953
City/State and Zip Code

didiflorida16@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANA DIMITROVA at (887) 480 7611
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

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: FLORIDA VACATION PROPERTIES by Didi Corp.
2. The principal office address: 157 SW ADDAMS STREET, Port Saint Lucie, FL 34953
3. The mailing address (if different): Same

4. Date of incorporation/qualification: FEB. 14, 2013 Document number: P13000015269

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)

DAVID LAMAS, ESQ
805 Delaware Ave
Fort Pierce, FL 34950, US

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

AIANA AIMITROVA
1757 SW ADDAMS STREET
Port Saint Lucie, FL 34953

P.O. Box NOT acceptable

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.

Dennis Dmickerson
Signature of an officer or director

AIANA AIMITROVA
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.

Dennis Dmickerson
Signature of Registered Agent

11/19/2013
Date

If signing on behalf of an entity:

N/A

Typed or Printed Name

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