P13000024962

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000250086080

07/25/13--01007--019 **35.00



W/196 M

COVER LETTER '

TO: Amendment Section Division of Corporations
SUBJECT: DIMIMAK TILE CO. Name of Corporation
DOCUMENT NUMBER: P13000024962 (P13000024962
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:
GIORGIO RIVERA Name of Contact Person
DIWIMAK TILE CO. Firm/Company
4132 Carambola Cole. S. F-105 Address
Coconul Creek FL, 33066 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: D (M1+105 Makos 954-825-5018 Glor Glo River A at (954) 573-3710 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		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation:		
2. The principal office address: 4041 NW 22nd ST (OCONUT Creek FL 33066		
3. The mailing address (if different):		
4. Date of incorporation/qualification: Document number:		
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)		
Coconst Creek FL 33066		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Giorgio Rivera (954) 573.37.0 4132 Carambola Gle. S. F-105		
Coconut Creek FL, 33066 P.O. Box NOT acceptable		
(new registered a gent)		
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 Signature of an officer or director 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 Date		
If signing on behalf of an entity:		
Typed or Printed Name		

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