P 13000029201

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(2 10 m 20 2 m 1)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

TO:

Amendment Section Division of Corporations

signer. D&V multiservices And taxes inc

Name of Corporation

DOCUMENT NUMBER

P13000029201

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:

Ordonne Ridore

Name of Contact Person

D&V Multiservices and taxes inc

Firm/Company

11256 orange grove blvd

Address

West Palm beach, FI 33411

City/State and Zip Code

ordonne1930@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ordonne Ridore

,561 (2

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

statement of cha	provisions of sections 607.0502 inge is submitted for a corporati r to change its registered office	ion organized und	der the laws of the State o	of Florida
1. The name of t	the corporation: D&V Multis	ervices and	taxes inc	
2. The principal	office address: 3355-65 lak	ce Worth Rd	, Lake Worth, FI 3	33461
3. The mailing a West P	address (if different): 11256 (Orange Grov	ve blvd	
4. Date of incorporation/qualification: 04/01/2013				
5. The name and	d street address of the current re rtment of State: (If resigned, ent	gistered agent and		
	Ordonne Ridore			
	11256 Orange Grove	Blvd		
	West Palm Beach, Fl	33411		XM F
6. The name and (if changed):	d street address of the new regis	tered agent (if ch	anged) and /or registered	
	Adolphe Ridore			E SALE
2950 Kirk Rd, Lake Worth, Fl 33461.				
	P.	O, Box NOT acceptable	e	
The street addr	ess of its registered office and to be identical.	the street address	of the business office o	f its registered agent,
Such change wanthorized by t	as authorized by resolution dul he board, or the corporation ha	y adopted by its l s been notified ir	board of directors or by a writing of the change.	an officer so
Ordonne Ridore/ P Stepartire of an officer or director Printed or typed name and title				daide
L barahu waan	t the appointment as registered to comply with the provisions of my duties, and I am familiar w is document is being filed mera that the corporation has been	agent and agree of all statutes relovith and accept the ely to reflect a ch notified in writin	to ant in this canacity	
		06/2	27/2013	
·	grature of Registered Agent		Date	
If signing on be	ellalf of an entity:			
	Typed or Printed Name	_		

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