

PI3000056930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

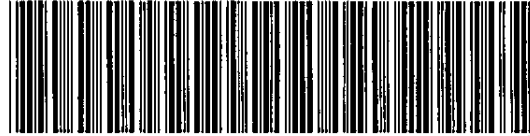
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATE
15 AUG 11 AM 10:41

AUG 14 2015
C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2015

DILIP LAL / DENGUE RESEACH CORPORATION
7350 FUTURES DRIVE SUITE 9A
ORLANDO, FL 32819 US

SUBJECT: DENGUE RESEARCH CORPORATION
Ref. Number: P13000056930

We have received your document for DENGUE RESEARCH CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are not the agent, you are the ceo. Please fill out the resignation of officer/director. We are enclosing the correct form for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 015A00014801

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dengue Research Corporation
Name of Corporation

DOCUMENT NUMBER: P13000056930

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:

Dilip Lal

Name of Contact Person

Dengue Research Corporation

Firm/Company

7350 Futures Dr Suite ~~900~~ 9A

Address

Orlando, FL 32819

City/State and Zip Code

dl@denguerc.com

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

For further information concerning this matter, please call:

Dilip Lal

Name of Contact Person

at (407) 574-6788

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

REIVED
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DIV OF CORP
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: Dengue Research Corporation
2. The principal office address: 7350 Futures Dr Suite 9A
Orlando, FL 32819
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/01/2013 Document number: P13000056930

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)

Anthony F Musso (Resigned)
931 Village Blvd Suite 905-166
West Palm Beach, FL 33409

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

Geoffrey Maddern
7350 Futures Dr Suite 9A
Orlando, FL 32819
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.


Signature of an officer or director

DILIP LAL
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

Aug 3/15
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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