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JUL 2.1 2014 C. CARROTHEF'S

## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: Dil Cocoma Zoc.  Name of Corporation							
DOCUMENT NUMBER: EIN: 44-3162255							
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:							
Name of Contact Person							
Firm/Company							
4941 Flagstone Dr. Address							
Sarasota F1. 34238 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Contact Person at (516) 241-8229  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  Street Address: Amendment Section Division of Corporations Clifton Building							

Tallahassee, FL 32314

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 section inge is submitted for r to change its regi	or a corporation o	organized un	der the laws o	of the <b>State</b> l	1 Jeans Jak
1. The name of t	the corporation:	Dilco	ioma	T~c	. [/	
	office address:					FI. 3423
3. The mailing a	ddress (if different	):				
4. Date of incorp	poration/qualificati	on: 7/11/17	<b>3</b>	Ocument nun	iber: Pr	300015804
	street address of to tment of State: (If	~	_	d registered o	ffice on file	with the
	Corporation Serv	ice Company	(re	siqued		
	1201 Hays Street			<u> </u>		
	Tallahassee FL 3	2301	,,,,,,			_
(if changed):	Dina 4941 Dara	Fleast 30to F	1. 34 7 x NOT acceptable	)r.je		
The street address changed will	ess of its registered be identical.	I office and the si	treet address	of the busine	ess office of	its registered agent,
Such change wa authorized by th	as authorized by re ne board, or the co	solution duly add rporation has bee	opted by its in notified in	board of direct writing of the	ctors or by a ne change.	in officer so
Duro	mount of an officer or director	<u></u>		residen	typed name and	I title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment a to comply with the my duties, and I a is document is bei that the corporati	is registered agei provisions of all m familiar with a ng filed merely to on has been notij	nt and agree l statutes rel and accept ti o reflect a ch fied in writin	to act in this ative to the p he obligation ange in the r ng of this char	capacity. roper and c of my positi egistered of ige.	omplete ion as registered fice address, l
By: Du	nature of Registered Age	<del>U</del>		6/30	1 #4	
	nature of Registered Age chalf of an entity:	III.			17010	
	yped or Printed Name					

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