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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821

Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE D.K.M. CAPITAL USA, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: D.K.M. CAPITAL USA INC. Name of Corporation	
DOCUMENT NUMBER: P13000071630	
The enclosed Statement of Change of Registered O	office/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
DANIEL KEVIN MAMMONE	
Name of Contact Person	
DKM CAPITAL USA INC.	
Firm/Company	
7875 CH DE LA COTE DE LIESSE	
Address	
MONTREAL, QC, H4T 1G4 CANADA	
City/State and Zip Code	-
daniel@gavinelectric.ca	
E-mail address: (to be used for future annual re	eport notification)
	,
For further information concerning this matter, plea	ase call:
DANIEL KEVIN MAMMONE	at (514) 814-8502
Name of Contact Person	at (514) 814-8502 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	

Mailing Address: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0. inge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the State of	
1. The name of t	he corporation: D.K.M. CAPITAL USA	INC.	
2. The principal	office address: 7875 CH DE LA COTE	DE LIESSE, MONTREAL, QUEBEC	,H4T1G4 CANADA
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: AUG 28TH, 201	Document number: P13000	071630
	I street address of the current registered tment of State: (If resigned, enter resig		ith the
	GY CORPORATESERVICES,INC.		
	777 S. FLAGLER DR STE 500E		-
	WESTPALM BEACH	FL 33401	_
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered of	
	· · · · · · · · · · · · · · · · · · ·		- :3
	1201 Hays Street	Box NOT acceptable	_ > _1
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the street be identical.	et address of the business office of i	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been i	ted by its board of directors or by an notified in writing of the change.	officer so
	DKM	DANIEL KEVIN MAMMONE	PRESIDENT
-	re of an officer or director	Printed or typed name and t	
Corporation	the appointment as registered agent of comply with the provisions of all stand I am familiar with and accept the oing filed merely to reflect a change in a been notified in writing of this change in Service Company	and agree to act in this capacity, atutes relative to the proper and corbligation of my position as registere the registered office address. I here se. 08/27/2020	nplete performance ad agent. Or, if this by confirm that the
By: Johan	de l'Alexandre	Date	
	half of an entity:		
Amanda Robin			
	yped or Printed Name		
	•	FEE: \$35.00 * * *	