

9/19/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : FLORIDA ENTREPRENEUR LAW, P.A.  
Account Number : 120190000063  
Phone : (954)882-4119  
Fax Number : (954)882-4119

**\*\*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  
DGS MANAGEMENT, INC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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SEP 20 2019

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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: DGS Management Inc.  
2. The principal office address: 3000 N. Ocean Blvd., Suite 406, Fort Lauderdale, FL 33308

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/2/2014 Document number: P14000048354

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)

Berardino Marchione

3000 N. Ocean Blvd., Suite 406

Fort Lauderdale, FL 33308

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

Florida Entrepreneur Law, P.A.

101 NE 3rd Avenue, Suite 1500

P.O. Box NOT acceptable

Fort Lauderdale, FL 33301

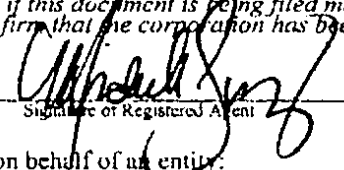
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

X  Serge Elia  
Signature of an officer or director

Berardino Marchione  
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

05/13/2019  
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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