## P14000066972

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(Document Number)						
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Special Instructions to Filing Officer:						
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18 OCT 19 PM L: SK

RARDICHS

OCT 22 2018

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

451649

AUTHORIZATION

COST LIMIT :

ORDER DATE: October 19, 2018

ORDER TIME : 2:07 PM

ORDER NO. : 451649-010

CUSTOMER NO: 8108485

## CHANGE OF AGENT

NAME: DGNM INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: ROXANNE TURNER EXT 62969

EXAMINER'S INITIALS:

## **COVER LETTER**

	endment Section ision of Corporations					
SURIFCT:	DGNM INC					
(ODITICI)	Name of C	orporation				
DOCUME	P14000066972 NT NUMBER:					
	d Statement of Change of Registered Offic	re/Agent and fee are submitted for filing.				
Please retur	n all correspondence concerning this matte	er to the following.				
	Jared Hirsch, Esq.					
	Name of Co	ontact Person				
	DGNM INC					
	Firm/Co	ompany				
	1515 NW 167th St., Suite 335					
	Add	dress				
	Miami Gardens FL 33169					
City/State and Zip Code						
	jhirsch@niznikhealth.com					
	E-mail address: (to be used for	future annual report notification)				
For further	information concerning this matter, please	eall:				
Jared Hirs		786 9233369				
	Name of Contact Person	at () Area Code & Daytime Telephone Number				
Enclosed i	s a \$35.00 check made payable to the Depa	artment 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

L. The name of the	I Wanii				
••	he corporation: DGNI	MINC	nos Minusi Card	El 22160	
2. The principal	office address: 1515	NW 167th St., Suite	335, Miami Gard	ens FL 33109	
3. The mailing a	ddress (if different):_	1515 NW 167th St.,	Suite 335, Miami	Gardens FL 33	169
4. Date of incorp	ooration/qualification	08/07/2014	Document n	number: P14000	)066972
5. The name and	street address of the tment of State: (If res	current registered a	gent and registered		
	NIZNIK, ROBERT		<u> </u>		-
	1966 NE 123RD ST	, SUITE 210			2018 SEL
	NORTH MIAMI		FL	33181	2018 OCT 19
6. The name and (if changed):	d street address of the	e new registered age	nt (if changed) and	d /or registered o	office Str.
	Corporation Service	e Company			-
	1201 Hays Street				— 
	Tallahassee	P.O. Box NO	FL		_
The street addr	ess of its registered (	office and the street	address of the bu	isiness office of	its registered agent.
Such change wanthoffzed by	as authorized by res he board, or the copp	olution duly adopte poration has been no	d by its board of o ptified in writing	directors or by a of the change.	n officer so
(1/1/1	aire of an officer or director	<u> </u>	Jared Hirsch, E		
I hereby accept I further accept I further accept performance of agent. Or, if it hereby confirm Corporati	of the appointment as to comply with the portion of the policy of the po	n familiar with and g filed merely to rep has been notified bayy	accept the obliga	tion of my posit he registered of	omplete ion as registered fice address, I
	- <b>,</b>	Roxanne Turr			