| (Requestor's Nam | e) |
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| PICK-UP WAIT | MAIL |
| (Business Entity N | lame) |
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| Certified Copies Certifica | tes of Status |
| Special Instructions to Filing Officer: | |
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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Dia: Ventures T | ~~ |
|---|--|
| SUBJECT: Dini Ventures T Name of Corp | poration |
| DOCUMENT NUMBER: 2140000910 | 0FC |
| The enclosed Statement of Change of Registered Office/A | Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to | the following: |
| Melanie Yael Name of Contac | Palrich ci Person |
| Firm/Comp | pany |
| PO box \$32554 Addres | S |
| Hiami - El 33 City/State and | 2 X 3 Zip Code |
| E-mail address: (to be used for futu | annual report notification) |
| For further information concerning this matter, please cal | 1: |
| Helanie Yael Patrich Name of Contact Person | at (305) 420 5572 Area Code & Daytime Telephone Numbe |
| Enclosed is a \$35.00 check made payable to the Departme | ent 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

DOTH FOR CORFORATIONS

| 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 | |
|---|--|
| in order to change its registered office or registered agent, or both, in the State of Florida. | |
| 1. The name of the corporation: Dini Ventures TOC | |
| 2. The principal office address: 333 Ralm 51 #3 | |
| Hollywood - florida 33019 | |
| 3. The mailing address (if different): RO box 832559 | |
| M10mi - { 1 332X3 | |
| 4. Date of incorporation/qualification: 11-06-2019 Document number: P14000091036 | |
| 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) | |
| Gabriel M. Patrich | |
| 333 Ralm 5T #3 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| (if clianget). | |
| Helanie Yael Patrich | |
| 333 Palm 57 #3 Fig. 53 P.O. Box NOT acceptable | |
| PICES Obinal 3 - beau plloH | |
| 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 Gobriel M. Parich Presider | |
| 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. | |
| Mont Potts Signature of Registered Agent 8-12-19 Date | |
| If signing on behalf of an entity: | |
| Helanie Yael Patrich | |

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