

PI 500000 1497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500326508685

03/25/19--01014--027 **35.00

FILED

2019 MAR 25 PM 3:42

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

C. GOLDEN

APR -3 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DPInnovations, Inc.
Name of Corporation

DOCUMENT NUMBER: P15000001497

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:

Steven Smith

Name of Contact Person

DPInnovations, Inc.

Firm/Company

4417 13th Street, Unit 410

Address

Saint Cloud, FL 34769

City/State and Zip Code

steve@damicoandsmiths.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Smith

Name of Contact Person

at **407 451-6810**

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
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**

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: DPIInnovations, Inc.
2. The principal office address: 4417 13th Street, Unit 410
Saint Cloud, FL 34769
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/05/2015 Document number: P15000001497

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)

Steven Smith

3440 Pawleys Loop North

Saint Cloud, FL 34769

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

Steven Smith

4417 13th Street, Unit 410

P.O. Box NOT acceptable

Saint Cloud, FL 34769

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.

J. J. Mann

Signature of an officer or director

SHARON SMITH - SECRETARY

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]

Signature of Registered Agent

18TH MARCH 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)

FILED
2019 MAR 25 PM 3:42