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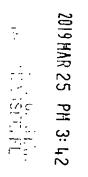
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PICK-UP	☐ WAIT	MAIL	
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APR - 3 2019

COVER LETTER

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

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

TO:

Amendment Section

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida nge is submitted for a corporation organized under the laws of the State of		his	_
in orde	r to change its registered office or registered agent, or both, in the State of	Florida.		
1. The name of t	he corporation: DPInnovations, Inc.			
2. The principal	office address: 4417 13th Street, Unit 410 ud, FL 34769			_
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: Oncome Document number:				
	street address of the current registered agent and registered office on file v tment of State: (If resigned, enter resigned)	vith the		
	Steven Smith	=		
	3440 Pawleys Loop North	· · · · · · · · · · · · · · · · · · ·	2019	
	Saint Cloud, FL 34769	: - :	2019 HAR 25	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered o	ffice .	P	
	Steven Smith	<u> </u>	بن د -	
	4417 13th Street, Unit 410	Ĺ	়	
	P.O. Box NOT acceptable	-		
	Saint Cloud, FL 34769	-		
The street address changed will	ss of its registered office and the street address of the business office of i be identical.	ts registere	d age	nt,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an e board, or the corporation has been notified in writing of the change.	officer so		
J.JWWAN	SHARON JM17H - JFC The of an officer or director Printed or typed name and to	METAR	1	_
	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and con my duties, and I am familiar with and accept the obligation of my positio s document is being filed merely to reflect a change in the registered offi- that the corporation has been notified in writing of this change.		ered , I	
	18 TH MARCH 20 Date	219		_
	half of an entity:	,		
Т	ped or Printed Name			

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