

P15000050748

(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



200282630422

RA  
Change

02/29/16--01016--001 \*\*35.00

FILED  
16 APR -11 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 05 2016

A RAMSEY

\*00789 00524, 00671

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **DETERRENCE GRIT INC**

Name of Corporation

**DOCUMENT NUMBER:** **P15000050748**

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:

**JENNIFER STANCIL**

Name of Contact Person

**JSH TAX & ACCOUNTING SERVICE**

Firm/Company

**21 FREEDOM DR**

Address

**DALLAS GA 30157**

City/State and Zip Code

**JSHTAX@GMAIL.COM**

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

For further information concerning this matter, please call:

**JENNIFER STANCIL**

Name of Contact Person

at ( **678** ) **365-7427**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
16 APR -4 PM 3:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

March 2, 2016

Jennifer Stancil  
JSH Tax & Accounting Service  
21 Freedom Dr.  
Dallas, GA 30157

SUBJECT: DETERRENCE GRIT INC  
Ref. Number: P15000050748

We have received your document for DETERRENCE GRIT INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Juan Diez sign the registered change form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 016A00004364

**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: DETERRENCE GRIT INC
2. The principal office address: 13769 SW 145TH STREET MIAMI FL 33186
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/09/2015 Document number: P15000050748
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)

LAWRENCE SWAN

709 CAPE CORAL PKWY W

CAPE CORAL FL 33914

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

JUAN DIEZ

13769 SW 145TH ST

P.O. Box NOT acceptable

MIAMI FL 33186

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

JUAN DIEZ

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

3/9/16

Date

If signing on behalf of an entity:

JUAN DIEZ

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  
16 APR -4 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA