

P160000 305 35

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

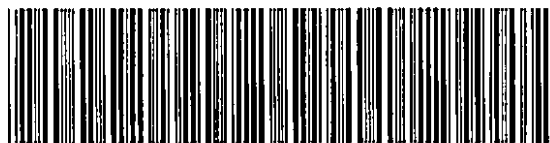
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S TALLENT

AUG 15 2018

Sec of State's Office

18 AUG 14 PM 1:18

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R/A-24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2018

ROBERT N WHITE IV  
DASIX, INC.  
164 BOWEN BEND  
WETUMPKA, AL 36093

SUBJECT: DASIX, INC.  
Ref. Number: P16000030538

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 318A00014946

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SECRETARY OF STATE  
TALLAHASSEE, FL 32314

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DASIX, INC.

Name of Corporation

**DOCUMENT NUMBER:** P16000030538

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:

ROBERT N WHITE IV

Name of Contact Person

DASIX, INC.

Firm/Company

164 BOWEN BEND

Address

WETUMPKA, AL 36093

City/State and Zip Code

rob@dasix.com

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

For further information concerning this matter, please call:

ROBERT WHITE IV

Name of Contact Person

at ( 334 ) 306-6900

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: DASIX, INC.  
2. The principal office address: 1385 WILLIAMS DITCH ROAD, CANTONMENT, FL 32533

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/04/2016 Document number: P16000030538

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)

UNITED STATES CORPORATION AGENTS, INC.

13302 WINDING OAK COURT A

TAMPA, FL 33612

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

LUCAS R CHAVERS

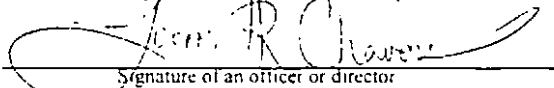
1385 WILLIAMS DITCH ROAD

P.O. Box NOT acceptable

CANTONMENT, FL 32533

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

LUCAS R CHAVERS, PRESIDENT

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

08/11/2018

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  
18 AUG 14 PM 1:18  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA