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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DMG AUTO SALES CORP

P18000004579

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:

SENDI MIGUEL GOMEZ

Name of Contact Person

DMG AUTO SALES CORP

Firm/Company

5338 DOVE TREE ST

Address

ORLANDO FL 32811

City/State and Zip Code

DMGAUTOSALES@GMAIL.COM

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

For further information concerning this matter, please call:

SENDI MIGUEL GOMEZ

Name of Contact Person

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

| | provisions of sections 607.0502, 617.0502, 607.1508. or 617.1508. Florida Statutes, this angelis submitted for a corporation organized under the laws of the State of FLORIDA | |
|---|--|---|
| | er to change its registered office or registered agent, or both, in the State of Florida. | |
| 1. The name of t | the corporation: DMG AUTO SALES CORP | |
| 2. The principal | office address: 301 E OAK RIDGE RD BUILDING B ORLANDO FL 32809 | Э |
| | | |
| 3. The mailing a | address (if different): 5338 DOVE TREE ST ORLANDO FL 32811 | |
| | 1/2 | |
| 4. Date of incorp | poration/qualification: 01/17/2018 Document number: P18000004579 | |
| | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) | |
| | SENDI MIGUEL GOMEZ | |
| | 5271 CREEKSIDE PARK AVE ORLANDO FL 32811 | |
| | 27.4 30 | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | |
| | SENDI MIGUEL GOMEZ | |
| | 5338 DOVE TREE ST ORLANDO FL 32811 | |
| | PO Box NOT acceptable | |
| _ | ess of its registered office and the street address of the business office of its registered agent. I be identical. | |
| Such change wa | as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change. | |
| Silver | Send: Miguez domez. | ř |
| I hereby accept I further agree t performance of agent. Or, if thi | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. | |
| Sigi | Phantie of Registered Agent Date | |
| | ehalf of an entity: | |
| Sendi | MICUEL GOMEZ yped or Printed Name yped or Printed Name | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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