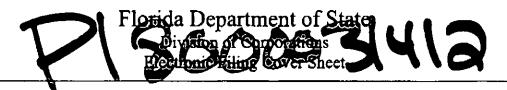
**Division of Corporations** 



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Division of Corporations

Fax Number : (850)

: (850)617-6380

Account Name

: PARANET CORPORATION SERVICES, INC.

Account Number : I2<del>00</del>90000069 Phone : (800)277-9977

Fax Number : (800)815-0477

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## REGISTERED AGENT CHANGE DORALLIANCE INC.

C. BRUMBLEY

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## (((H22000025989 3)))

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

statement of ci	hange is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of FLORIDA ered agent, or both, in the State of Florida.	
	f the corporation: DORALLIANCE INC.	erea agem, in both, mine state of 1 to had.	_
	al office address: 1395 BRICKELL AVE., S	UITE 720	_
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 04/05/2018	Document number: P18000031412	_
	nd street address of the current registered a artment of State: (If resigned, enter resigne	od)	
	CF REGISTERED AGENT, INC.		202
	100 S. ASHLEY DR., STE. 400	4022 JAN 20	T
	TAMPA, FL 33602	20	
6. The name a (if changed)	nd street address of the new registered ages	nt (if changed) and /or registered office	ED
	NRAI Services, Inc.	12 12	
	1200 SOUTH PINE ISLAND RD	<del> </del>	
	P O. Bor PLANTATION, FL 33324	NOT acceptable	
The street add as changed wi	ress of its registered office and the street	address of the business office of its registered agent	L,
Such change vauthorized by	was authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	
Signa	nure of anythics or director	FRANCISCO FUIZ Printed or typed name and title	
I hereby accept I further agree of my duties, a document is b	of the appointment as registered agent an e to comply with the provisions of all state	d agree to act in this capacity. utes relative to the proper and complete performanc leation of my position as registered agent. Or, if the c registered office address I hereby confirm that th	is E
By: NRAIS	rvices, Inc. La - Paul	January 20, 2022	
	ignature of Registered Agent sechalf of an entity:	Date	
Natalie Lei	iba-Paul - Assistant Secretary Typed or Printed Name	(((H22000025989	3)))

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