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SECNETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: DESLIN Inc.

Name of Corporation

DOCUMENT NUMBER: P18000048512

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:

Scott C. Lingeman

Name of Contact Person

DESLIN Inc.

Firm/Company

6624 Gates Pointe Way

Address

Riverview, FL 33578

City/State and Zip Code

sclingeman@yahoo.com

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

For further information concerning this matter, please call:

Scott C. Lingeman at (314) 378-6181

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



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: DESLIN Inc.	
2. The principal office address: 6624 Gates Pointe Way Riverview, FL 33578	
3. The mailing address (if different): SAME	
4. Date of incorporation/qualification: May 29, 2018 Document number: P18000048512	
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)	
Resigned BUSINESS Filings Incorporated The 25 PT	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Scott C. Lingeman	
6624 Gates Pointe Way	
P.O. Box NOT acceptable Riverview, FL 33578	
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 arrothicer or disctor Signature of arrothicer or disctor Signature of arrothicer or disctor 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.	
June 20, 2018 Signature of Reastered Agents Date	
If signing on behalf of an entity:	

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