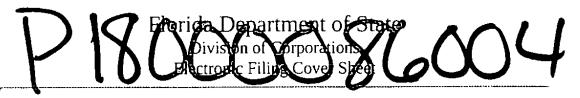
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Help

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

statement of cho	provisions of sections 607.0502, 617.0502, unge is submitted for a corporation organiz	ed under the laws of the State of Flor	rida	
in orde	er to change its registered office or registere	ed agent, or both, in the State of Flor	rida.	
1. The name of	the corporation: DAUROS CORP	<u>, , , , , , , , , , , , , , , , , , , </u>		
2. The principal	office address: 7901 4th St N STE 30	0 St. Petersburg FL33702		_
3. The mailing a	address (if different): 7901 4th St N ST	E 300 St. Petersburg FL 3370)2	_
	poration/qualification: 10/15/18			
5. The name and	d street address of the current registered age rtment of State: (If resigned, enter resigned)	ent and registered office on file with t	the	
	MEDRANO, RUBEN D			
	7901 4th St N STE 300			
	St. Petersburg, FL 33702		S 21	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	2022 MAY -2 Secretain	ines Fires
	Registered Agents Inc.	3> ss		
	7901 4th St N STE 300	्म स्म १३	PR S	
	St. Petersburg FL 33702	NOT acceptable	2: 34 STATE	2000
The street address changed will	ess of its registered office and the street ac	ldress of the business office of its re	egistered age	ènt,
Such change wanthorized by the	as authorized by resolution duly adopted be he board, or the corporation has been notif	by its board of directors or by an off fied in writing of the change.	icer so	
Ruber	ire of an officer or director	Ruben Medrano - Preside	ent	_
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the state of this change.	agree to act in this capacity, es relative to the proper and comple ation of my position as registered a registered office address, I hereby c	ete performa gent. Or, if i confirm that	nce this the
Bee N.		05/02/2022		
Sig	nature of Registered Agent	Date	_	_
If signing on bo	chalf of an entity:			
Bill Havre				
ĭ	yped 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

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