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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

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D&A GROUP ENTERPRISES, INC.

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

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	•	617.0502, 607.1508, or 617.1508, Florida Statutes, this norganized under the laws of the State of Florida	
•	-	r registered agent, or both, in the State of Florida.	
I. The name of t	the corporation: D&A GROUP	ENTERPRISES, INC.	
2. The principal	office address:		
4. Date of incorp	poration/qualification: 10/07/20	Document number: P19000078419	
	d street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	JONES, ADAM H		
14717 ROYAL POINCIANA DR.			7072 S
	ORLANDO, FL 32828		<u> </u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		red agent (if changed) and /or registered office	- PH
	Registered Agents Inc		 :0:
	7901 4th St N STE 30	o	~
	0. 5. 1. 5. 007	P.O. Box NOT acceptable	
	St. Petersburg FL 337	02	
The street addresses changed will	ess of its registered office and the be identical.	e street address of the business office of its registered a	agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
Ada	m Jones	Adam Jones, President	
Signatu	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of al I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this o	gent and agree to act in this capacity. all statutes relative to the proper and complete perfort the obligation of my position as registered agent. Or, ge in the registered office address, I hereby confirm the change.	mance if this iat the
Bee H	nature of Registered Agent	8/31/22	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Bill Havre			
τ	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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