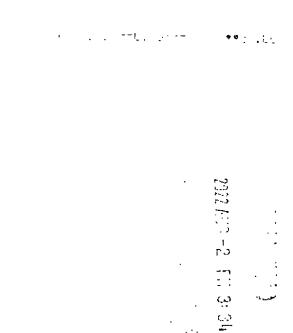
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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RA Change

D CUSHING

COVER LETTER

TO: Amendment Se Division of Cor				
SUBJECT: Name of Corporation	Dynasty Co	-pital Grap, Inc.		
DOCUMENT NUMB	ER: P2000	0022251		
		ered Office/Agent and fee are submitted for filing.		
Please return all corresp	pondence concerning t	this matter to the following:		
Joseph M Name of Contact Perso	lace lla			
Name of Contact Perso	n			
Dynasty Firm/Company	Copital Group	o, Inc		
931 Village Address West Palm 1 City/State and Zip Code	Block 54 9:	05 #507		
Address	Division Street	,, , , , , , , , , , , , , , , , , , , ,		
West Palm 1	Beach, FL 334	<i>'</i> 09		
City/State and Zip Code	e .			
	Joe & Dyna	AV Cop 6 Cosp. com jual report notification)		
E-mail address: (to be	e used for future ann	nual report notification)		
For further information	concerning this matte	er, please call: at (<u>56/</u>) <u>3/5-8388</u> Area Code & Daytime Telephone N	202	
Joseph r	rello	at (<u>56/</u>)3/5-8388	· · · · · · · · · · · · · · · · · · ·	
Name o	f Contact Person	Area Code & Daytime Telephone N	lumber	
Enclosed is a \$35.00 cm	ieck made payable to t	the Department of State.	٠ ري ٠	
			:: :: <u>:</u> :	
<u>Mailing A</u>	Address: nent Section	Street Address:	. +	
		Amendment Section		
P.O. Box	of Corporations	The Centre of Tallahassee	Division of Corporations The Control of Tallaharrea	
	see, FL 32314	2415 N. Monroe Street, Suite 810		
i attanass	700, I L J2J 17	Tallahassee, FL 32303		

CR2E045 (04/13)

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of	
1. The name of th	office address: 2193 Regents Circle, West Palm Beach, FL 33409	
3. The mailing ad	Idress (if different): 931 Village Blvd., Suite 905 #503, West Palm Beach, FL 33	7409
4. Date of incorpo	oration/qualification: 3/9/2020 Document number: P2000007775	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Joseph A. Morello	
-	224 Datura St. #415	
	Wert Palm Beach, FL 33401	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
•	Joseph A. Morello 2193 Regents Ciscle P.O. Box NOT acceptable	
	P.O. Box NOT acceptable	
	West Palm Beach, FL 33409	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatur	Doseph Morello, Aerikol Printed or typed name and title	
- I further agrée t - of my duties, and - document is bei	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 performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the s been notified in writing of this change.	
Au 9	mature of Registered Agent Date	
If signing on be	chalf of an entity:	
	'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
CR2E045 (04/13)