P21000051395

(Requestor's Name)				
(Address)				
(Hoursey)				
(Address)				
(City/State/Zip/Phone #)				
()				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Serumou de production de la contraction de la co				
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



000375369840

10/25/21--01017--013 **35.00

2021 OCT 25 PM 6: 41 SEUNE JARY OF STATE

NOV 3 2021 S. PRATHER

COVER LETTER

TO:	Amendment Section Division of Corporations	
	Division of Corporations	ş
SUBJ Name	ECT: Daiva Inc	
DOC	UMENT NUMBER: P21000051395	
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
	AR KUROCHKIN	
Name	of Contact Person	
Daiva	Inc	
Firm/	Company	
818 A	NE 40th CT	
Addre	ess	
Oakla	nd Park / Florida, 33334	
City/S	State and Zip Code	
	maria@dt-group.su	
E-ma	il address: (to be used for future annua	l report notification)
For fu	irther information concerning this matter, j	please call:
Maka	r Kurochkin	786 \ 4257899
	Name of Contact Person	at (786) 4257899 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	1.0. DOX 0321	The Control Tallanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of chai	nge is submitted for a corporation orga	92, 607.1598, or 617.1598, Florida Statute nized under the laws of the State of <mark>Florida</mark> tered agent, or both, in the State of Florida	1		
1. The name of ti	ne corporation: DAIVA INC				
2. The principal	office address: 1111 E SUNRISE BLVD	UNIT 311 FORT LAUDERDALE, FL 3330-	1		
3. The mailing a	ddress (if different): 731 Lyons Road apt	16206 Coconut Creek, FL 33063 UN			
4. Date of incorp	oration/qualification: 05/31/2021	Document number: P21000051395			
5. The name and		agent and registered office on file with the			
	Makar Kurochkin				
1111 E SUNRISE BLVD UNIT 311 FORT LAUDERDALE, FL 33304					
			∑ o:	<u>~</u>	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office		ECRETAR: LLAHASSI	2021 OCT 25	·-
	Makar Kurochkin		EE, F		
	818 A NE 40th CT, Oakland Park, Florida, 33334		RY OF STATE SEE, FLORIDA	⊒	•
	P.O. Box NOT acceptable		TEA	<u>-</u>	
The street addre	ss of its registered office and the street be identical.	address of the business office of its regis	stered age	ent.	
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of directors or by an office of the change.	r so		
ATTO		Makar Kurochkin, President			
•	e of an officer or director	Printed or typed name and title			
I further agrée t of my duties, and document is bei	d I am familiar with and accept the ob-	tutes relative to the proper and complete ligation of my position as registered agen he registered office address. I hereby con	it. Ur. it i	this	
B		10/17/2021			
Signature of Registered Agent		Date		_	
If signing on bel	nalf of an entity:				
Tv	ped 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)

T)