## P21000059825

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## COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: //
Name of Corporation DOCUMENT NUMBER: P21000059825 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: Name of Contact Person

DOB LAS MORBAN PA

Firm/Company

303 SOMBRERO BLVD #109 Address

MANAHON FL 33000

City/State and Zip Code

CAPTHIMMOREM GELLSWH.NET

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (305) 481-7672

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

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.
1. The name of the corporation: DOVELAS MOREAN PA
2. The principal office address: 303 Sombres Bus #109  MARASHON 7L 33050
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/25/21 Document number: P21800059825
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)  CORBIN, SUSAN M
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):  DOUGLAS MONGAM  303 SOMBNERO BLD #109  P.O. BOX NOT acceptable  MARKHON, 7L 33050
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.
authorized by the board, or the corporation has been notified in writing of the change.  Dobby R. Moren 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.
Signature of Registered Agent  If signing on behalf of an entity:
DOSCAS MORFAM, PA. Typed 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