P23000031419

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Divisional Entire No. |
| (Business Entity Name) |
| (Document Number) |
| (Bootine Humber) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| то: | Amendment Section Division of Corporations | • | | | | |
|--|--|----------------------------|---------------------|----------|----------|------|
| CUDI | ECT: D2G Inc | | | | | |
| Name | of Corporation | | | _ | | |
| DOCU | UMENT NUMBER: P23000031419 | | | _ | | |
| The er | nclosed Statement of Change of Registere | ed Office/Agent and fe | e are submitted for | filing. | | |
| Please | return all correspondence concerning thi | s matter to the following | ng: | | | |
| Dontre | ee Brown | | | | | |
| Name | of Contact Person | | | - | | |
| D2G I | nc | | | | | |
| Firm/C | Company | | | | | |
| 1340 T | radition Circle | | | | | |
| Addre | SS | | | | | |
| Melbo | ume | | | | | |
| City/S | tate and Zip Code | | | | | |
| | FL, 32901 | | | | | |
| E-mai | l address: (to be used for future annua | l report notification) | | _ | | |
| | | | | | | |
| For fu | rther information concerning this matter, | please call: | | | 2624. | |
| Dontre | ee Brown | at (³² 1 |)5867215 | . i | ć.5 | |
| | Name of Contact Person | Area Co | de & Daytime Tel | ephone N | 4mp6 | er J |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | AH II: 3 | |
| | Mailing Address: | Street Addres | s: | | rS | |
| | Amendment Section | Amendment S | | | | |
| Division of Corporations | | Division of C | | | | |
| | P.O. Box 6327 | The Centre of | | | | |
| | Tallahassee, FL 32314 | 2415 N. Mon Tallahassee | roe Street, Suite | 810 | | |

CR2E045 (04/13)

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

| statement of cha | ange is submitted for a corporation | of 7.0502, 607.1508, or 617.1508, Florida R in organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of R | Florida | . this | |
|--|---|---|----------------------------------|-----------------------------|---------------------|
| 1. The name of | the corporation: D2G Inc | · · · · · · · · · · · · · · · · · · · | | | |
| 2. The principal | office address: 300 Ocean Avenue | Suite 8 Melbourne Beach, FL 32951 | | <i>-</i> | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incor | poration/qualification: 04/20/2023 | Document number: P2300003 | 1419 | | |
| | d street address of the current regis rtment of State: (If resigned, enter | stered agent and registered office on file wiresigned) | th the | | |
| · · | Resigned | | _ | | |
| | | | | | |
| | | | - | | |
| 6. The name and (if changed): | street address of the new register | ed agent (if changed) and /or registered off | ice | | |
| | Glen Brown | | | | |
| | 300 Ocean Avenue Suite 8 | | | 2021 | |
| | | P.O. Box NOT acceptable | - i | 2.4 | 7 |
| | Melbourne Beach, FL 32951 | 18100 | .: :- : | 3 - 7 | 7 |
| The street addre as changed will | ess of its registered office and the be identical. | street address of the business office of its | s'registe | ered ag | enti |
| Such change wa authorized by th | as authorized by resolution duly a ne board, or the corporation has b | dopted by its board of directors or by an een notified in writing of the change. | officer : | so:: 32 | ¥ |
| 5 | 520 | Dontree Brown | | . • | |
| - | re of an officer or director | Printed or typed name and tit | le | | |
| t further agree i of my duties, an document is bei | to comply with the provisions of a d I am familiar with and accept t | ent and agree to act in this capacity. Il statutes relative to the proper and com he obligation of my position as registered e in the registered office address, I hereb hange. | plete pe l agent, y confir | erforme Or, if m that | ance this the |
| | | 07/24/24 | | | |
| Sig | nature of Registered Agent | Date | | | _ |
| lf signing on be | half of an entity: | | | | |
| Ty | ped or Printed Name | | | | |
| | | | | | |

* * * FILING FEE: \$35.00 * * *