P23000048459

(Requestor's Name)					
(Address)					
(Address)					
((ddiedd)					
(A) (A) (A) (A)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

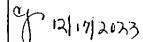




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12/04/23--01029--011 ++35.00

2023 DEC -4 PH 12: 34



COVER LETTER

	Amendment Section Division of Corporations
SUBJEC Name of	CT: DAUNTLESS DESIGN GROUP, INC
DOCUM	MENT NUMBER: P23000048459
The enclo	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
AMAND	DA JOSIE
	Contact Person
	LESS DESIGN GROUP, INC
Firm/Cor	• •
	STERO VERDE DR
Address	
FORT M	YERS, FL 33908
City/State	te and Zip Code
	DAUNTLESSDESIGNGROUPINC@GMAIL.COM
E-mail a	address: (to be used for future annual report notification)
	•
For furth	ner information concerning this matter, please call:
AMAND	A JOSIE at (239)989-3756 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclosed	d 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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of <u>FLOR</u> registered agent, or both, in the State of Florid	UDA			
1 The name of t	he corporation: DAUNTLESS DES	IGN GROUP, INC				
2. The principal office address: 19933 ESTERO VERDE DR. FORT MYERS FL 33908						
3. The mailing a	ddress (if different):					
4. Date of incorporation/qualification: 06/26/2023 Document number: P23000048459						
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	e			
	AMANDA JOSIE					
	10220 OLIVEWOOD WAY, UNIT 48					
	ESTERO, FL 33928		20 <i>23</i> C			
ESTERO, FL 33928 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	AMANDA JOSIE		:SI !!4			
	19933 ESTERO VERDE DR	:	7: 3			
	P.O. Box NOT acceptable	Ŧ				
	FORT MYERS FL 33908					
The street address changed will	ess of its registered office and the sbe identical.	street address of the business office of its reg	istered agent			
Such change wa	is authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an officen notified in writing of the change.	er so			
amor	nda areil	AMANDA JOSIE - PRESIDENT				
Signatu	e of an officer or diffector	Printed or typed name and title				
I further agree i of my duties, an document is bei	o comply with the provisions of al	ent and agree to act in this capacity. Il statutes relative to the proper and complete ne obligation of my position as registered age o in the registered office address, I hereby con ange.	e performanc ent. Or, if thi nfirm that the			
amor	nda Gozil	12/1/2023				
Sig	nature of Registered Agent	Date				
If signing on be	half of an entity:					
T	ped or Printed Name					

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