

P24000018818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2024 AUG 19 PM 4:20  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DIGITAL PRESENCE SOLUTIONS GROUP CORP  
Name of Corporation

**DOCUMENT NUMBER:** P24000018818

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:

JEAN PEREIRA

Name of Contact Person

INFINITY TAX GROUP LLC

Firm/Company

2411 W SAND LAKE RD

Address

ORLANDO, FL, 32809

City/State and Zip Code

JEAN@TAXSERVICESINFINITY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN PEREIRA

Name of Contact Person

at ( 508 )

796-5030

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

**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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DIGITAL PRESENCE SOLUTIONS GROUP CORP
2. The principal office address: 5255 MEREDREW LN, ST CLOUD, FL, 34771
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/12/2024 Document number: P24000018818
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)

FERNANDES, VALDINEI

1900 SAN MARTINO LN

KISSIMMEE, FL, 34741

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

5255 MEREDREW LN

P.O. Box NOT acceptable

ST CLOUD, FL, 34771

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.

Valdinei Fernandes

Signature of an officer or director

VALDINEI FERNANDES

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.*

Valdinei Fernandes

Valdinei Fernandes

Signature of Registered Agent

08/12/2024

Date

If signing on behalf of an entity:

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

CR2E045 (04/13)

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