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(Re	questor's Name)				
bA)	dress)				
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PICK-UP	☐ WAIT	MAIL			
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TALL AHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORID

RA Change C.COULLIETTE FEB 2:5 2009

EXAMINER



ON SERVICE COMPANY.						
ACCOL	NT NO.	:	072100000	032		
REF	FERENCE	:	903276	81517A		
AUTHORI	ZATION	:	Á	De Con		
COST	LIMIT	:	\$ 35	wellkenan		
ORDER DATE : February	24, 2009				_	
ORDER TIME : 9:57 AM						
ORDER NO. : 903276-00	15					
CUSTOMER NO: 81517	'A					
			· -			
CHANGE OF AGENT						
NAME: DILLIG	AF INC					
Waii.	Ar, INC.					
PLEASE RETURN THE FOLLO	WING AS	PRC	OF OF FIL	ING:		
CERTIFIED COPY XX PLAIN STAMPED C	OPV					
MI DIMILID C	011					
CONTACT PERSON: Harry	B. Davis		EXT# 292	5		
			EXAMINER:			

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

statement of cha	ange is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida of ganized under the laws of the State of state of state of I	Florida	
1. The name of	the corporation: Dilligaf, Inc., a	Florida Corporation		
2. The principal	office address: 201 South Bisca lorida 33131			_
		Stope Lane, Lead, South Dal	kota 57754	_
4. Date of incorp	poration/qualification: October 15	, 1993 Document number: P9300	00071718	_
	d street address of the current registerer etment of State:	d agent and registered office on file wi	ith the	
	Ferrell Group Corporate Ser	rvices, LLC.		
	201 South Biscayne Boulev	ard, Suite 3400	091 SEC	
	Miami, Florida 33131		FEB 2 RETA	Ì
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered off	SEE F	
	Corporation Service Compa	ny	# 09 STATE LORID	i.
	1201 Hays Street		DE O	
	(P.O. Box NOT accepta	ble)		
	Tallahassee, FL 32301		_	
The street addre as changed will	ess of its registered office and the stre be identical.	eet address of the business office of it	ts registered agent,	
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	oted by its board of directors or by an notified in writing of the change.	officer so	
Maya C	La Castigline The of an officer or director)	Mayra C. Da Castiglione		
I hereby accept I further agree t of my duties, an document is beit corporation has Corporat		and agree to act in this capacity. tatutes relative to the proper and con bbligation of my position as registere the registered office address, I hereb ge.	•	
_	half of an entity:			
<u>Elizabet</u>	th R. Konieczny, Assi	54.VF		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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