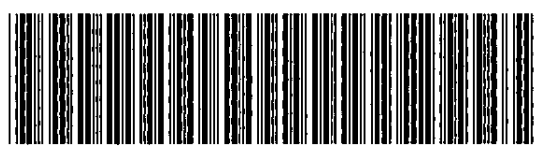


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(Requestor's Name)

(Address)

(Address)

(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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50704

RA change

Signature

FILED
2008 MAY 19 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8530 STATE ROAD 84
DAVIE, FLORIDA 33324

LAW OFFICES
STEVEN A. FEINMAN
EMAIL: SAFLAW@AOL.COM
COURT QUALIFIED ARBITRATOR
FORMER COUNTY COURT TRAFFIC MAGISTRATE

TELEPHONE (954) 473-5424
FACSIMILE (954) 473-5486

May 15, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Dacosta Services, Inc.
Our File: 08-029

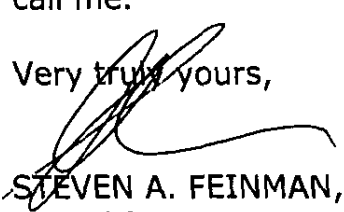
Dear Sirs:

Enclosed please find the following:

Officer/Director Resignation of a Corporation
Statement of Change of Registered Agent.

Please process the same. Should you have any questions, please feel free to call me.

Very truly yours,


STEVEN A. FEINMAN, ESQ.
SAF/akf
Encl.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DACOSTA SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: P94000016706

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:

Steven A. Feinman, Esq
(Name of Contact Person)

Law Office of Steven A. Feinman
(Firm/Company)

8530 State Road 84
(Address)

Davie, Florida 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven A. Feinman, Esq at (954) 473-5424
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: DACOSTA SERVICES, INC.
2. The principal office address: 1000 Stinson Way Suite 113
West Palm Beach, FL 33411
3. The mailing address (if different): _____

4. Date of incorporation/qualification: March 2, 1994 Document number: P94000016706

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Andre Dacosta

1000 Stinson Way, Ste 113

West Palm Beach, Florida 33411

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

Steven A. Feinman, Esq.

8530 State Road 84

(P.O. Box NOT acceptable)

Davie, Florida 33324

FILED
2008 MAY 19 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

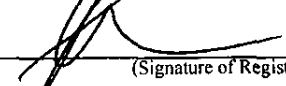
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

DANILLO J. DACOSTA
(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)

12/31/07
(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