P94000045313

(Requestor's Name)					
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(City)	/State/Zip/Phone	- 4 \			
(City/	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	ument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Fi	iling Officer:				

Office Use Only



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DIVISION OF CHEROKATION

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COVER LETTER

Division of Corporations						
SUBJECT: Dintecom, lue. Name of Corporation						
DOCUMENT NUMBER: P940000 45313						
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:						
Gene Kofmay Name of Contact Person						
Dintecom, lue. Firm/Company						
12365 NW 81 Str. Address						
Parkland FL 33067 City/State and Zip Code grofmane dintecom. com Esmail address: (to be used for future annual report notification)						
Elmi address: (to be used for future annual report notification)						
E-man address. (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Gene Kofman at (954) 7554343 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.						
Amendment Section Section Amendment Section Division of Corporations Division of Corporations						

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

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

in order to	change its registe	ered office or regis	nized under the laws of t tered agent, or both, in t		
1. The name of the c		•			
2. The principal offi	ce address: <u>[2</u>	365 NW	81 Str.		
··· ·· · · · · · · · · · · · · · · · ·	Pa	2/ Lland	FL 33076		
3. The mailing addre	ess (if different):_				
4. Date of incorpora	tion/qualification	: 6/13/199	4 Document number	er: <u>194000</u>	045313
		current registered signed, enter resign	agent and registered officed)	ce on file with the	0 250
	Geve K	ofman_			350
	6471 NW	U78 PC			3
_	Parklan	d FL 3	33067		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. The name and stre (if changed):	ect address of the	new registered age	ent (if changed) and /or re	egistered office	1.25
	Gene	Kofman		···	
		,	tr.		
		P.O. Box No	FY. DT acceptable 33076		
	Parkla	nd HL	33076		
The street address of as changed will be	of its registered o	ffice and the stree	t address of the business	s office of its regis	tered agent,
Such change was at authorized by the be	ithorized by reso oard, or the corpo	lution duly adopte oration has been n	ed by its board of direct otified in writing of the	ors or by an officer change.	r so
	an officer or director			MAN PRES	
I hereby accept the I further agree to co of my duties, and I o document is being f corporation has bec	appointment as to comply with the program familiar with filed merely to re ten notified in wri	registered agent a rovisions of all sta and accept the ob flect a change in t ting of this chang	nd agree to act in this c tutes relative to the pro ligation of my position he registered office add e.	apacity, per and complete p as registered agen iress, I hereby conf	performance t. Or, if this irm that the
Llene	-		10/28/20	209	
Signatur	e of Registered Agent			Date	 _
If signing on behalf	of an entity:				
Typed	or Printed Name				
		* * * FILING F	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)