

994000060172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

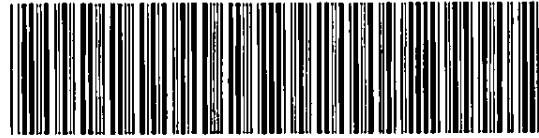
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
APR - 4 2024

Office Use Only



200426071092

FILED
24 APR -3 AM 8:14
TALLAHASSEE, FLORIDA

RECEIVED
2024 APR -3 AM 10:54
TALLAHASSEE, FLORIDA

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/03/2024
Acc#I20160000072

en: c SW

Name:	D.G. Holding, Inc.
Document #:	
Order #:	15448903

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D.G. Holding, Inc.
Name of Corporation

DOCUMENT NUMBER: P94000060172

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:

Hilda Bonet

Name of Contact Person

D.G. Holding, Inc

Firm/Company

201 Alhambra Circle Suite 711

Address

Coral Gables, FL 33134

City/State and Zip Code

hb@edrlt.com

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

For further information concerning this matter, please call:

Catherine Santana

Name of Contact Person

at (786)

3971359

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: D.G. Holding, Inc.
2. The principal office address: 9737 N.W. 41ST STREET, #351, MIAMI, FL 33178
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/16/1994 Document number: P94000060172
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)

Eduardo Del Riego

9737 N.W. 41ST STREET, #351, MIAMI, FL 33178

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Eduardo Del Riego

Signature of an Officer or Director

Eduardo Del Riego, President

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.

C T Corporation System

By:

Sherry McGinnes

Signature of Registered Agent

4/3/2024

Date

If signing on behalf of an entity:

Sherry McGinnes

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

CR26045 (04/13)