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**EXAMINER** 

## **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJEC'	CT: DIGITAL Authentication Name of Corpora	Technologies, INC.
DOCUM	IENT NUMBER: P95000069	4586
The enclos	osed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.
Please retu	turn all correspondence concerning this matter to the	e following:
	Alex Leonard Name of Contact P	erson erson
	Levy + Ass Firm/Compan	ociates v
	2101 NW CORPORAT	te Blud, Ste 317
	BUCA Ration, FL City/State and Zip	33 43 (
	E-mail address: (to be used for future	annual report notification)
For furthe	er information concerning this matter, please call:	
	Alex Leonardo at (	561 998 - 7-7-0 Area Code & Daytime Telephone Number
Enclosed i	is a \$35.00 check made payable to the Department of	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
1. The name of the corporation: District Authentication Technologies, Inc
2. The principal office address: C/O Levy LASSOCIATES 2101 NW Corporate Blud, Ste 317, BOCA Ration, FL, 33431
2101 NW Corporate Blud, Ste 317, BOCA Ration, FL, 33431
3. The mailing address (if different):
4. Date of incorporation/qualification: \$\\\ 18\\\\ 1995\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<ol> <li>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)</li> </ol>
BBAgent Co.
5355 Town Center Rd, Ste 900
Boca Ration F1 33486 ASS
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Alex Leonardo UD Levy + Assaintes = III  a101 NW Coeporate Blvd, Ste 317, 500 00  Boch Roton, FL 33431
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 original or director  Frinted 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 7   02) 09 Date
If signing on behalf of an entity:
Levy Asperial Name

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