P98000021126

(Requestor's Name)



Brandywine Centre I 580 Village Blvd., Suite #110 West Palm Beach, FL 33409 TEL 561 712 4777 FAX 561 712 4677



200210803932

08/15/11--01026--023 **35.00

(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

tt Section Corporations	
Name of Cor	poration
MBER: P980	00021126
nent of Change of Registered Office/	Agent and fee are submitted for filing.
respondence concerning this matter t	o the following:
Andrea (Grdina
Name of Cont	act Person
Firm/Con	npany
580 Village Blvd	., Suite #110
Addre	ss
West Palm Reach	Florida 33400
City/State and	Zip Code
·	•
agrdina@mzacor	nsulting.com
E-mail address: (to be used for fut	ure annual report notification)
tion concerning this matter, please ca	11:
Andrea Grdina	561 \ 712.4777
ne of Contact Person	at (561) 712-4777 Area Code & Daytime Telephone Number
•	•
0 check made payable to the Departm	ent of State.
Mailing Address:	Street Address:
	Amendment Section
•	Division of Corporations Clifton Building
	2661 Executive Center Circle
	Dyanki, Ir Name of Cor MBER: P9800 nent of Change of Registered Office/ respondence concerning this matter to Andrea Cor Name of Cont Morse Zehnter Firm/Con 580 Village Blvd Addre West Palm Beach City/State and agrdina@mzacor E-mail address: (to be used for fut tion concerning this matter, please cal Andrea Grdina te of Contact Person Check made payable to the Department

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2011

MORSE ZEHNTER ASSOCIATES

KRAMDYWINE CENTRE I

580 VILLAGE BLVD STE 110

W PALM BEACH, FL 33409

SUBJECT: DYANKI, INC. Ref. Number: P98000021126

We have received your document for DYANKI, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 811A00019269

RECEIVED

1001-7 AM 9: 42

ACRETAS E FLORIDA.

AUG 22 2011
BY: TE

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

Pursuant to the provisions of sections 60 statement of change is submitted for a co				
in order to change its registered				
1. The name of the corporation: Dyank	d, Inc.			
2. The principal office address: 580 Vill		te #110		
West Palm Beach, Florida 334				
3. The mailing address (if different): San	me as Above			
4. Date of incorporation/qualification:	3/2/1998	Document number:	P98000021126	_
5. The name and street address of the curr Florida Department of State: (If resigna			file with the	
Resigned				
				
6. The name and street address of the new (if changed):	v registered agent	(if changed) and /or register	red office	
Albert Blair, Esq.				
400 Sawgrass Con	porate Parkwa	y, Suite 320		
	P.O. Box NOTe			
Fort Lauderdale, Fl	orida 33325		·····	,
The street address of its registered offic as changed will be identical.				•
Such change was authorized by resoluti authorized by the board, or the corporat	on duly adopted l ion has been noti	by its board of directors or fied in writing of the chang	by an officer so ge.	
Signature of an officer or director		Roger G. Mor	se,Principal	
I hereby accept the appointment as regi I finished agree to comply with the provi of my duties, and I am familiar with and document is being filed merely to reflec corporation has been notified in writing	stered agent and sions of all statut i accept the oblig t a change in the of this change.	agree to act in this capact es relative to the proper a ation of my position as re registered office address.	ty) nd complete performance sistered agent. Or, if this I hereby confirm that the	
/M		9-28	~ <i> </i>	
Signiture of Registered Agent		Date		
If signing on behalf of an entity:				
Typed of Printed Name	-,, ,,			
* 1	* FILING FEE	0: \$35.00 * * *		

C1 -7 PM 2: 39

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