

P98000031376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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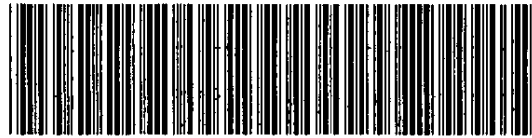
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LAWRENCE J. SMITH, P.A.

ATTORNEYS AT LAW
GOVERNMENT RELATIONS
3109 STIRLING ROAD, SUITE 101, FT. LAUDERDALE, FL 33312
OFFICES IN WASHINGTON, DC AND TALLAHASSEE, FL

LAWRENCE J. SMITH
MEMBER OF CONGRESS
1983-1993

GOVERNMENT RELATIONS ONLY
BONITA H. SMITH

PH: (954) 964-6634
FAX: (954) 981-1790
EMAIL: CONGLS@HOTMAIL.COM

July 15, 2008

Attn: Amendment Section
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Resignation of Registered Agent and Change of Registered Agent for
D.B.D. MANAGEMENT, INC.
Document Number: P98000031376

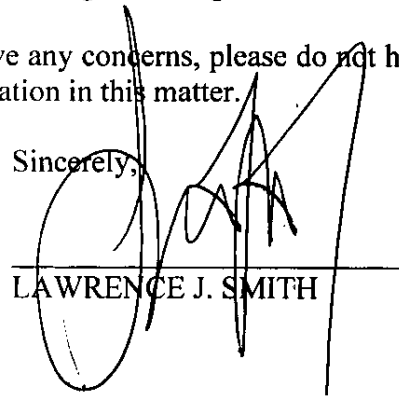
To Whom It May Concern:

Enclosed please find a Resignation of Registered Agent form and Change of Registered Agent form with original signatures for the above referenced D.B.D. MANAGEMENT, INC.

Enclosed please also find check #1819 for \$122.50 payable to the Florida Department of State, which includes the \$87.50 filing fee for the Resignation of a Registered Agent for an active corporation, and the \$35.00 filing fee for the Change of Registered Agent.

Please file these documents accordingly. If you have any concerns, please do not hesitate to call. Thank you very much for your courtesy and cooperation in this matter.

Sincerely,


LAWRENCE J. SMITH

Enclosures (4pp - originals, check #1819)

VIA U.S. MAIL ONLY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D.B.D. MANAGEMENT, INC.
(Name of Corporation)

DOCUMENT NUMBER: P98000031376

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:

Lawrence J. Smith
(Name of Contact Person)

Lawrence J. Smith, P.A.
(Firm/Company)

3109 Stirling Road, Suite 101
(Address)

Fort Lauderdale, FL 33312
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence J. Smith at (954) 964-6634
(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: D.B.D. MANAGEMENT, INC.
2. The principal office address: 3425 N. Federal Highway, Oakland Park, FL 33306
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/02/1998 Document number: P98000031376
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Stephen M. Zalka, CPA

6437 N.W. 99th Avenue

Parkland, FL 33076

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

Ricardo Rodriguez

3425 N. Federal Highway

(P.O. Box NOT acceptable)

Oakland Park, FL 33306

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)

Joe R. Rodriguez, 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.



(Signature of Registered Agent)

7-9-08-

(Date)

If signing on behalf of an entity:

Ricardo Rodriguez

(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
CR2E045 (8/05)

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