

P98000046070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

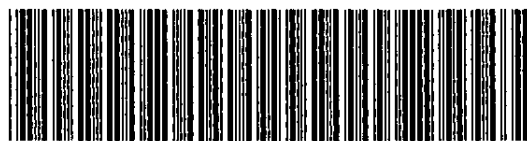
(Business Entity Name)

(Document Number)

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SECRETARY OF THE
DIVISION OF CORPORATIONS

RA/Roldos
10/26/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **DEEPAK PRODUCTS, INC.**

Name of Corporation

DOCUMENT NUMBER: **P98000046070**

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:

JENNIFER SCHNEIDER

Name of Contact Person

STATE LICENSE SERVICING

Firm/Company

321 ROUTE 94 SOUTH

Address

WARWICK, NY 10990

City/State and Zip Code

DEP@SLSNY.COM

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

For further information concerning this matter, please call:

JENNIFER SCHNEIDER

Name of Contact Person

at **845 544-2482**

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: DEEPAK PRODUCTS, INC.
2. The principal office address: 5220 NW 72ND AVENUE, BAY 15
MIAMI, FL 33166
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/21/1998 Document number: P98000046070

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)

CARLES, RICARDO A

7498 SW 122 STREET

MIAMI, FL 33156

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

INCORP SERVICES, INC.

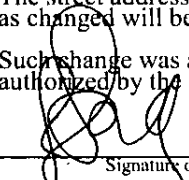
17888 67TH COURT NORTH

P.O. Box NOT acceptable

LOXAHATCHEE, FL 33470

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

JENNIFER SCHNEIDER, ATTORNEY-IN-FACT

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.

 on behalf of Incorp Services, Inc. 6-19-2012

Signature of Registered Agent Date

If signing on behalf of an entity:

Roxanne Quinonez for Incorp Services, Inc.

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 (03/12)

12 JUN 25 AM 10:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS