

P9800010/643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

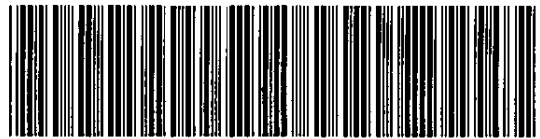
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

RD Change  
Tewis  
8-19-09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2009

MARY LYNN WILLIAMS  
GREY A. BETTERTON, P.A.  
735 E. VENICE AVENUE, SUITE 101  
VENICE, FL 34285

SUBJECT: DIMENSIONAL DOSING SYSTEMS, INCORPORATED  
Ref. Number: P98000101643

We have received your document for DIMENSIONAL DOSING SYSTEMS, INCORPORATED and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 709A00026914

RECEIVED

2009 AUG 17 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

\_\_\_\_\_  
MaryLynn Williams  
Name of Contact Person

\_\_\_\_\_  
Greg J. Bellon PA  
Firm/Company

\_\_\_\_\_  
735 E Venice Ave, Ste 200  
Address

\_\_\_\_\_  
Venice FL 34285  
City/State and Zip Code

\_\_\_\_\_  
marylynn@bellonlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
MaryLynn Williams at ( 941 ) 488-4422  
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: Dimensional Dosing Systems, Incorporated
2. The principal office address: 2465 Dogwood Drive, Wexford, PA 15090
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/02/1998 Document number: P98000101643

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)

Greg A. Betterton

981 Ridgewood Avenue # 101

Venice, FL 34285

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

Greg A. Betterton

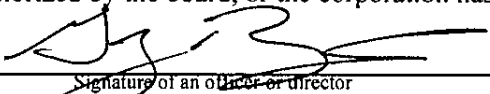
735 East Venice Avenue, Suite 200

P.O. Box NOT acceptable

Venice, FL 34285

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

Greg A. Betterton, Director  
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

8/12/9  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

FILED  
09 AUG 17 AM 8:32  
TALLAHASSEE, FLORIDA