

S33727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

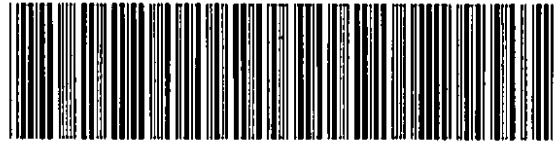
(Business Entity Name)

(Document Number)

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(address only)
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JAN 07 2019

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2018 DEC 26 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **DGPI INC**

Name of Corporation

DOCUMENT NUMBER: **S33727**

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:

JORGE PASTORIZA

Name of Contact Person

DGPI INC

Firm/Company

Address

9193 Sunset Drive Suite 210

City/State and Zip Code

Miami FL 33173

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

For further information concerning this matter, please call:

Jorge Pastoriza, M.D.

Name of Contact Person

at (**786**) **412-5597**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED

2018 DEC 10 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FL
CR 21045 (6/12)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2018

JORGE PASTORIZA
9193 SUNSET DR STE 210
MIAMI, FL 33173

SUBJECT: D.G.P.I., INC.
Ref. Number: S33727

We have received your document for D.G.P.I., INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 318A00025395

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2018 DEC 26 PM 4:06

SECF
TAL. 709.9. 6.11

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DGPI INC
2. The principal office address: 9193 SUNSET DRIVE SUITE 210 MIAMI FL 33173

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/25/91 Document number: S33727

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)

JORGE PASTORIZA

9193 SUNSET DRIVE SUITE 210

MIAMI FL 33173

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

JORGE PASTORIZA

11090 MARIN ST

P.O. Box NOT acceptable

CORAL GABLES FL 33156

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

JORGE PASTORIZA OFFICER

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

Date

If signing on behalf of an entity:

Typed or Printed Name

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