

No. 2053 P. 1

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To:		
	Division of	Corporations
	Fax Number	: (850)617-6380

From: Carrie L. Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690 Account Name : GRAYROBINSON, P.A. - ORLANDO Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

-======================================	Email Address:		- 13
15: 12: 12:	REGISTERED AGENT CHANGE DCC LEE ENTERPRISES, INC.		FIL 2021 DEC 16 SEPT HANT ALL MHASSE
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	Page Count	02	
	Estimated Charge	\$35.00	

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

1. The name of the corporation: DCC Lee Enterprises, Inc.

2. The principal office address: 12276 San Jose Blvd., 601, Jacksonville, FL 32223

3. The mailing address (if different):

4. Date of incorporation/qualification; 5/30/1991 Document number: \$56953

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)

David L. Mullins

12276 San Jose Blvd., 601

Jacksonville FL 32223

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

David L. Mullins, Jr.

12276 San Jose Blvd., 601

P.O. Box NOT acceptable

Jacksonville, FL 32223

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

David L. Mullins, President

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

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 CR2E015 (04/13) 121 DEC

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