

S62903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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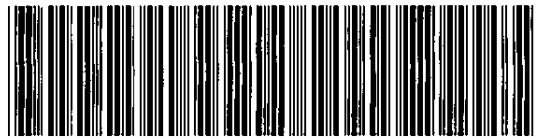
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

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FEB 11 2010

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DANTO OF CENTRAL FLORIDA, INC.  
Name of Corporation

DOCUMENT NUMBER: 562903

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:

DANIEL B. KIEHL  
Name of Contact Person

DANTO OF CENTRAL FLORIDA, INC.  
Firm/Company

420 CANTERWOOD DRIVE  
Address

MULBERRY, FLORIDA 33860  
City/State and Zip Code

DANTO2@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL B. KIEHL at (863) 646-3040  
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: DANTO OF CENTRAL FLORIDA, INC.
2. The principal office address: 420 CANTERWOOD DRIVE  
MULBERRY, FLORIDA 33860
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 06/24/1991 Document number: 562903

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)

MARY JO KIEHL  
4748 HIGHLANDS PLACE DRIVE  
LAKELAND, FLORIDA 33813

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

MARY JO KIEHL  
420 CANTERWOOD DRIVE  
MULBERRY, FLORIDA 33860

P.O. Box NOT acceptable

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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.

Mary Jo Kiehl  
Signature of an officer or director

MARY JO KIEHL  
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.

Mary Jo Kiehl  
Signature of Registered Agent

2-7-10  
Date

If signing on behalf of an entity:

MARY JO KIEHL  
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)