V39200

(Requesto	r's Name)	
(Address)		
(Address)		
(City/State	/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documen	t Number)	
Certified Copies C	Certificates of S	Status
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Oun Kins Diamonds + Golo, Management Division In (Name of Corporation)
DOCUMENT NUMBER: V39200
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:
Name of Contact Person)
Ounkins Pramonds (Firm/Company)
897 Hebron Rd- * 103 (Address)
Heath OH 43056 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (740) 788 - 8610 (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

l. The name of th	ne corporation:_	Dunkins	Pramonds	9 60c0,	managemen	DIVI &
2. The principal of	office address:	1941	Tamiam	; Trai	<u> </u>	
		Port	Charlot	re FL	33948	
3. The mailing ad	ldress (if differe	1t):				
4. Date of incorpo	oration/qualifica	tion: <u> </u>	192 Docum	ent number:	V39200	1
5. The name and Florida Depart		the current regist	tered agent and regis	stered office on	file with the	
		Karl	Vice			思
		1441 7	anlani	Trail	3948 6	部
		Port C	Charlotte	Er 3	3948	CON
6. The name and (if changed):	street address of	the new registere	ed agent (if changed) and /or registe		PORALIE
	S	tuart	Dunki	\sim		3
	- 11	500 C	levelard coptable)	Ave.		
_	EX	(P.O. Box NOT ac	cceptable)	3390	7	
The street addres	s of its register be identical.	ed office and the	street address of th	e business office	ce of its registered age	ent,
			dopted by its board een notified in writ			
Signature	Very of an officer of dire	o vier)		efficey Ke	eyes Treasume and little)	
					ty. nd complete performa sistered agent. Or, if I hereby confirm that	
کے	H DE	/		12/20	707	
(Sign	ature of Registered A	gent)		(Date)		
f signing on beh	-10 -0 -					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)