V65786

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600252759466



10/23/13--01021--004 **35,00



10 kg/13

COVER LETTER

TO: Amendment Section Division of Corporations

subject: Dean Investments International, Inc.

Name of Corporation

DOCUMENT NUMBER: V65786

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:

Mary Walsh

Name of Contact Person

Emerson International, Inc.

Firm/Company

370 CenterPointe Circle Suite 1136

Address

Altamonte Springs, FL 32701

City/State and Zip Code

mwalsh@emerson-us.com

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

For further information concerning this matter, please call:

Mary Walsh

,407

332-4480

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

CR2E045 (03/12)

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

	e provisions of sections 607.0502, 6		1
statement of change is submitted for a corporation organized under the la in order to change its registered office or registered agent, or bo			1
1. The name o	f the corporation. Dean Investr	nents Internation	al, Inc.
2. The principa	al office address: 370 CenterPo	ointe Circle Suite	1136
Altamonte Springs, FL 32701			
3. The mailing	address (if different):		
4. Date of incorporation/qualification: 09/22/1992 Document			number: v65786
	nd street address of the current regist artment of State: (If resigned, enter r		ed office on file with the
	Kathryn Smith - resigne	d	
			2913 SE TAL
			FILE 23 OCT 23 SECRETARIASSI
6. The name ar (if changed).	nd street address of the new registere	d agent (if changed) an	FILED 7 23 AH IO: 42 1 ASSEE FLORID d /or registered of
	Mary Walsh): 4: ORII
	370 CenterPointe Circle	Suite 1136	DA .
	P.O. Bo	NOT acceptable	
	Altamonte Springs, FL	32701	· · · · · · · · · · · · · · · · · · ·
as changed wil	l be identical.		siness office of its registered agent,
Such change wauthorized by	vas authorized by resolution duly ad the board, or the corporation has be of the first the corporation has be	opted by its board of den notified in writing of	lirectors or by an officer so of the change.
	llater	i	Claber, Director
I hereby accep. I further agree performance o	t the appointment as registered age to comply with the provisions of al f my duties, and I am familiar with his document is being filed merely to I that the corporation has been noti	nt and agree to act in l statutes relative to the land accept the obligate o reflect a change in the	ion of my position as registerea ne revistered office address, I
Signature of Registered Agent 10/08/2013			Date
If signing on bo	chalf of an entity:	The state of the s	
Mary Wals			
· —	Typed or Printed Name	G DDD 605-00-4-4-4	
	* * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314