V10219

(Re	equestor's Name)	
(Address)		
(Address)		
	ty/State/Zip/Phone	2 #N
(C)	ty/State/Zip/Pilone	= #)
PICK-UP	☐ WAIT	MAIL
(D)	siness Entity Nar	
ua)	siness Enuty Nar	nej
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



300168460963

02/15/10--01022--002 **35.00

SEE AHASSEE PLEAS

RA Change

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: Dimitrios Inc. 2. The principal office address: 18901-3 McGregor Blvd. Ft. Myers, Florida 33919
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/05/92 Document number: V70219
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)
Emmanuel Neskes
12901-3 McGregor Blvd.
Ft Myers, FL 33919
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Nomiki Neskes 12901-3 McGregor Blud
Nomiki Neskes 3
18901-3 McGregor Blyd.
Ft. Myers, FL 33919
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.
Emmanuel Neskes Signature of an officer or director Emmanuel Neskes
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 forpolyation has been notified in writing of this change.
Momiki Neskes If signing on behalf of an entity:
Momiki J. Neskes Typed or Printed Name.

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