

F08000000904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

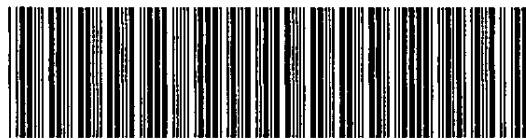
(Business Entity Name)

(Document Number)

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FILED  
JUL 30 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUL 31 2012

July 26, 2012

**VIA US MAIL**

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **DashAmerica, Inc.**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35 \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,



Adam Saldaña  
REGISTERED AGENT SOLUTIONS, INC.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DASHAMERICA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F08000000904

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:

ART FLORES  
Name of Contact Person  
REGISTERED AGENT SOLUTIONS, INC.  
Firm/Company  
515 CONGRESS AVENUE, SUITE 2300  
Address  
AUSTIN, TEXAS 78701  
City/State and Zip Code  
scomstock@pearlizumi.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ART FLORES at ( 888 ) 705-7274  
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 COLORADO in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DASHAMERICA, INC.
2. The principal office address: 1886 PRAIRIE WAY LOUISVILLE, CO 80027
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/28/2008 Document number: F08000000904

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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

REGISTERED AGENT SOLUTIONS, INC.

155 OFFICE PLAZA DR., SUITE A

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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

Peggy Barrett, CFO  
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.*

  
Signature of Registered Agent

7/26/12  
Date

If signing on behalf of an entity:

ART FLORES, ASST. SECRETARY

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