

P19000028765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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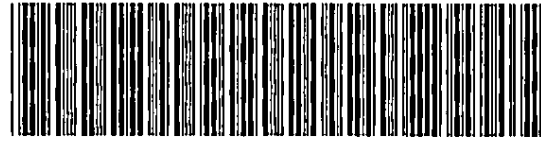
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DSML, Inc.
Name of Corporation _____

DOCUMENT NUMBER: P19000028765

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:

Leisa Simms-Thomas

Name of Contact Person

DSML, Inc

Firm/Company

411 NW 21st Terrace

Address

Fort Lauderdale, Florida 33311

City/State and Zip Code

leisa@dsmlinc.com

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

For further information concerning this matter, please call:

Leisa Simms-Thomas _____ at (954) 830-2037
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: DSML, Inc.
2. The principal office address: 2630 West Broward Blvd. Suite 203-502

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/29/2019 Document number: P19000028765

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)
Leisa D. Simms-Thomas
834 NW 14th Way
Fort Lauderdale, Florida 33311

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Leisa D. Simms-Thomas
2630 West Broward Blvd. Suite 203-502
Fort Lauderdale, Florida 33311
P.O. Box NOT acceptable

2021 JAN 11 PM 3:57
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

Leisa Simms-Thomas/CEO
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

01/06/2021
Date

If signing on behalf of an entity:

Typed or Printed Name

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