(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Account#: I20000000088

Date:	07/06/2021	
Name:	Merritt Walker	_
Reference	#:1414897	
Entity Nam	e:DCS HOLDI	NGS GROUP, LLC
∐ Artic	les of Incorporation/Authorization	to Transact Business
☐ Ame	endment	
✓ Cha	nge of Agent	
Rein	statement	
Con	version	
☐ Mero	ger	
Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized	Amount: \$25	
Signature:	Mm)	

FI ASIA PACIFIC HQ

COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
CIID I	JECT:DCS	HOLD	INGS (SROL	JP, LLC
3000		ne of Lir	nited Li	ability	Company
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Registered Off	ice Cha	nge and	fee(s)	are submitted for filing.
Please	e return all correspondence concerning th	is matte	r to the f	follow	ing:
	Jeff Halldin				
	Name of Person				
	Payroc				
	Firm/Company	•			
	7840 Graphics Drive, Suite 2	200			
	Address				
	Tinley Park, IL 60477			_	
	City/State and Zip Code				
	statrep@cogencyglobal.co			_	
	E-mail address: (to be used for future and	nual rep	ort notifi	catior	1)
For fi	urther information concerning this matter	, please	call:		
	Jeff Halldin	at (_	773)	914-5333
	Name of Person			Area	a Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Rep Div P.C	gistrat vision). Box	ion Section of Corporations 6327 see, Florida 32314
	Enclosed is a check for the following	g amoui	at:		
	■ \$25 Filing Fee		□ \$ 5	55 Fili	ng Fee & Certified Copy
INHS	18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:				DCS HOLDINGS GROUP, LLC						
2. (8	a)	5236 COMMERCIAL WAY		(b)	5236 COMMER	CIAL	WAY			
۷. (۰	- ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(5)	=	Mailing address of limited liability of (Note: MAY BE POST OFFICE				
		SUITE F	_		SUITE	F	- <u></u> -			
		SPRING HILL, FL 34606	_		SPRING HILL,	FL 34	606			
		01/03/2011			L11000000	0806				
3.		Date of filing/registration in Florida	4.		Document numbe	г				
5. ((a)	ACKLEY, RODNEY S								
• •	,	Registered Agent and Registered Office shown on the records of the	he Flor	ida Dept. of St	late:					
		5236 COMMERCIAL WAY								
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	:55)			~			
		SUITE F				:	021			
		SPRING HILL , FL		34606	_	f	2021 JUL -	T HOSE		
đ	b)	COGENCY GLOBAL INC.				1.101.051	-6 ->			
	- ,	Enter name of NEW Registered Agent and/or NEW Registered C	Office	address:		ř.	AH S			
		115 North Calhoun Street, Suite 4	,			715	9: 37			
		NEW Registered Office Address:			_					
				20004	_ _					
		Tallahassee , FL		32301						
the dager was	cha nt v /we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the re bility f the l	gistered off company, i imited liabi	ice and the business t is hereby confirmed lity company or as of ompany.	office d that t therwis	of the r he chan	egistered ige(s)		
		Hotel And			Matt Austin					
I he province the to m	rel visi obli ere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete i igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change. Most Maray ABS + Sacy reof Registered Agent	ee to perfo I for i pereby	act in this co rmance of m n Chapter 6 v confirm the	Printed or typed nam apacity. I further ag iy duties, and I am fa 05, F.S. Or, if this a at the limited liabilit	ree to i	comply	with the nd accept ing filed s been		