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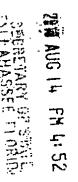
(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:					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

Office Use Only



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08/14/19--01023--039 **25.00



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX



To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: July 31, 2019

Order#: 832907/006

Re: DJ KISSIMMEE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

1.	Na	me of the limited liability company: DJ KISSIMMEE	LLC		
2.	(a)	C/O RUBIN MANAGEMENT, INC.	(b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		321 Newbridge Road	_		
		Hicksville NY 11801			
		09/17/2015		L1500015	8166
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	INCORPORATING SERVICES, LTD.			
		Registered Agent and Registered Office shown on the records of C	he Florida	Dept, of State	ж.
		1540 GLENWAY DRIVE			
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<u>}</u>	NUG 14 PH 4: 52
		TALLAHASSEE FL.	32301		SSE FOR
	(b)	Corporation Service Company			F. 5.
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ado	<u>lress</u> :	2
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee F1	32301		
		. 11.	32301		
the age wa	echa ent w is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of the of organization or the operating agreement of the l	the regis bility co f the lim	tered office mpany, it is ited liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		Xie & Conie	Jill C	Cilmi, Author	rized Person
	Signat	ure of member or authorized representative of a member			Printed or typed name of signee
pro the to :	ovisie obli merc	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	performa Lfor in C	ince of my a Thapter 605	duties, and I am familiar with and accept , F.S. Or, if this document is being filed
Sig	gnatui	re of Registered Agent Corporation Service Company	BY: Gi	race E. Kir	by, Asst. Vice President