Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email Address: | |
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2022 DE: 12

LLC REGISTERED AGENT CHANGE **DSOONVIP TECH LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

DEC 1 3 2022

A. LUNT

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

| Florid | a. | • | | | , | |
|-----------------------------|---|--|--|---|---------------------------------|--|
| 1. N | ame of the limited liability company: DSOON | IVIP 1 | ECH L | LC. | | |
| 2. (a) | 7901 4th St NSTE 300 | (I | (b) 7901 4th St NSTE 300 | | | |
| | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX) | | | |
| | St. Petersburg, FL 33702 | | St. Pete | ersburg, FL 3370 |)2 | |
| | 01/21/22 | | 1.2200 | 0040843 | | |
| 3. | Date of filing/registration in Florida | 4, | | Document number | | |
| | DECISTEDED ACENTS INC | ٠,٠ | | 150¢ unear number | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | المراضع الأرامية | Danie ad State | | | |
| | 7901 4TH ST NSTE 300 | or the ribitua | r Dept. of State | : | | |
| | | T ADDRESS | ٠, | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | <u>LADDKESS</u> | 7 | | | |
| | | | | | 2027 | |
| | ST. PETERSBURG | _{T.} 33702 | 2 | |) yoko Wali | |
| (b) | Northwest Registered Agent | LLC | | | C 12 | |
| ((,, | Enter name of NEW Registered Agent and/or NEW Registered | | dress. | | ≥ iab | |
| | 7901 4th St N | | | | AMII: 27 | |
| | NEW Registered Office Address | | | | 7 | |
| | STE 300 | | | | | |
| | St. Petersburg | 33702 | | | | |
| he cha igent w was/we | mited liability company is not organized under the lange or changes are made, the Florida street address (will be identical. Or, in the case of a Florida limited for authorized by an affirmative vote of the members cles of organization or the operating agreement of the | of the regis liability co of the lim | tered office impany, it is ited liability | and the business office hereby confirmed that company or as otherwi | of the registered the change(s) | |
| | ure of a member or authorized representative of a member | Мо | rgan Nob | ole | | |
| Signati | are of a member or authorized representative of a member | | *************************************** | Printed or typed name of sie | 'ne'e' | |

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been led in wxiting of this change.

Printed or typed name of signed

Tom Glover - Assistant Secretary

Signature of Registered Agent