M09000004459

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

Office Use Only



200305238962°

2017 NOY -6 65 8: 52

WOY OT THE RAIS



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	Account#. 12000000000
Name: Merritt Knickle	
Reference #:	
Entity Name: DHR OPERATIONS, LLC	_
Articles of Incorporation/Authorization to Transact Busines	SS
☐ Amendment	
✓ Change of Agent	
Reinstatement	·
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
A 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Authorized Amount: <u>\$25</u> Signature: <u>ル</u>	

@CORPORATE HQ COGENCY GLOBALING, IC E 40 ST, 10 "FL NY, NY 10016 800 221 0102

NY, NY 10016 800,221,0102 +1,212,947,7200 ©EUROPEAN HQ

COGENCY GLOBAL (UK) LIMITED REGISTERD SETSCHAND AWA ES REGISTAL HARDON 6 BEVIS MARKS, 19 FL LONDON ECSA 78A +44 (0)20,3786,1090

■ ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HOUG COLGEN MED COPPARY INFINITUS PLAZA, 17 1 FL 199 DES VOEUX RD CENTRAL HONG CONG +852.3975.1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

COVER LETTER

то:	Registration Section Division of Corporations					
	·					
SUBJE	ECT:	DHR	Operati	tions, LLC		
	Nan	e of Li	imited L	Liability Company		
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Cha	inge and	d fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matte	er to the	e following:		
	Jerry Abrams					
	Name of Person					
	Name of reison					
	Oasis Outsourcing, Inc.					
	Firm/Company		•	_		
	2054 Vista Parkway, Suite 3	00				
_	Address					
	West Palm Beach, FL 3341	1				
	City/State and Zip Code			_		
	Compliance@oasisadvantage.	com				
E-	mail address: (to be used for future ann	ual rep	ort notifi	fication)		
For further information concerning this matter, please call:						
	Jerry Abrams	at (_	561	244-7806		
	Name of Person			Area Code & Daytime Telephone Numbe		
	STREET/COURIER ADDRESS:	ESS: MAILING ADDRESS:				
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle	Tallahassee, Florida 32314				
	Tallahassee, Florida 32301					
	Enclosed is a check for the following amount:					
	☐ \$25 Filing Fee		□ \$5	55 Filing Fee & Certified Copy		
INHS18	(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.

1. N	ame of the limited liability company;		DHK OP	erations, LLC			
2. (a)	2054 Vista Parkway, Suite 300	(b)2	054 Vista Parkway, S	Suite 3	300	
. ,	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		•	Mailing address of limited tiability company: (Note: MAY BE POST OFFICE BON)			
	West Palm Beach, FL 33411		1	Nest Palm Beach, FL	. 3341	11	
	11/12/2009			M09000004459	ı		
3	Date of filing/registration in Florida	4.	**************	Document number			
5. (a)	C T CORPORATION SYSTEM						
149	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept, of State	- e:			
	1200 SOUTH PINE ISLAND ROA	AD.					
	Registered Office Address	2.77	2617 H	gut 1 .			
	PLANTATION , I'L_	3	3324		9-13H	-93.4 -2	
(b)	COGENCY GLOBAL INC.				Fig.		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>)flice ac	ldress:		င္ဘာ	_	
					Ω.		
	115 North Calhoun Street, Suite 4						
	NEW Registered Office Address:						
	Tallahassee FL	3	32301				
Signa I here obline of mercial to mercial t	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited of a member of authorized representative of a member by accept the appointment as registered agent and agree in the statutes relative to the proper and complete points of my position as registered agent as provided all reflect a change in the registered office address. I he d'in writing of this change.	he regi pility of the lim imited	stered office ompany, it is nited liability liability com	and the business offices hereby confirmed that v company or as otherwipany. Terry Mayotte Printed or typed name of signature.	of the ch ise pro	e registered ange(s) ovided in	
Signato	re official Agent						