

AI 000000577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

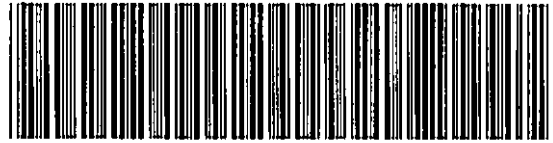
(Business Entity Name)

(Document Number)

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Re Change

DOCSHOP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dm6 Acquisitions LLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A110000000577

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kevin Carmichael
Contact Person

Quarles & Brady
Firm/Company

1395 Panther LN Suite 300
Address

Naples, FL 34109
City, State and Zip Code

carli.moore@dmoya.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Carmichael at (239) 434-4931
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Dmb Acquisitions LLC
Name of Limited Partnership or Limited Liability Limited Partnership
2. 6/30/2022 3. A77000000577
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Kevin Carmichael
Name
2150 Goodlette Rd N, 6th Flr
Address
Naples, FL 34102
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Kevin Carmichael
Name
1395 Panther LN, Suite 300
Florida street address (P.O. Box not acceptable)
Naples FL 34109
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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