## F14000003274

| <del></del>             |                   |             |
|-------------------------|-------------------|-------------|
| (Re                     | questor's Name)   |             |
|                         |                   |             |
| (Adı                    | dress)            |             |
|                         |                   |             |
| (Ad                     | dress)            |             |
|                         |                   |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| _                       |                   |             |
| PICK-UP                 | MAIT              | MAIL        |
|                         |                   |             |
| (Bu                     | siness Entity Nan | ne)         |
|                         |                   |             |
| (Do                     | cument Number)    | <del></del> |
|                         |                   |             |
| Certified Copies        | Certificates      | of Status   |
|                         | _                 |             |
| r <del></del>           |                   | -           |
| Special Instructions to | Filing Officer:   |             |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO                      | ). :  | 120000000   | 195     |
|---------------------------------|-------|-------------|---------|
| REFERENC                        | CE :  | 731048      | 4332382 |
| AUTHORIZATIO                    | ON :  | Louel &     | ena     |
| COST LIMI                       | T :   | \$ (35,00   | THOS.   |
| ORDER DATE : June 8, 2022       |       |             |         |
| ORDER TIME : 10:16 AM           |       |             |         |
| ORDER NO. : 731048-079          |       |             |         |
| CUSTOMER NO: 4332382            |       |             |         |
|                                 |       |             |         |
| CHANGE OF                       | AGEN  | <u>r</u>    |         |
|                                 |       |             |         |
| NAME: DT CONNECT                | II ME | MBER CORP   |         |
|                                 |       |             |         |
|                                 |       |             |         |
| PLEASE RETURN THE FOLLOWING     | AS PR | OOF OF FILD | ING:    |
| CERTIFIED COPY                  |       |             |         |
| XX PLAIN STAMPED COPY           |       |             |         |
| CONTROL DEDGON THE STATE OF THE |       |             |         |
| CONTACT PERSON: Eyliena Bak     |       |             |         |
|                                 | EXAMI | NER'S INITI | .ALS:   |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha                   | provisions of sections 607.0502, 617.0502<br>ange is submitted for a corporation organ  | ized under the laws of the State of $\overline{D}$   | E                              | this   | <del></del>             |
|------------------------------------|---|--|--------------------------------|--|-------------------------|
|                                    | r to change its registered office or registe  |  | orida.                         |  |                         |
|                                    | he corporation: DT CONNECT II MEMBE   |  |                                |  |                         |
| 2. The principal                   | office address: 3800 SOUTHERN BLVD  | - STE. 105, WEST PALM BEACH,   | FL 334                         | 106  |                         |
| 3. The mailing a                   | ddress (if different): 725 5TH AVE, NEW   | YORK, NY 10022   |                                | · · ·  |                         |
| 4. Date of incorp                  | oration/qualification: 08/04/2014   | Document number: F1400000  | )3274                          | <u>.                                    </u> |                         |
|                                    | street address of the current registered ag<br>tment of State: (If resigned, enter resigne  |  | 1 the                          |  |                         |
|                                    | NRAI SERVICES, INC  |  |                                |  |                         |
|                                    | 1200 South Pine Island Road   |  | :                              | 20   |                         |
|                                    | Plantation, FL 33324  |  |                                | 22 JU  | ٧.                      |
| 6. The name and (if changed):      | street address of the new registered agen   | it (if changed) and /or registered office  | ce                             | 022 JUH 20 /                                 |                         |
|                                    | Corporation Service Company   |  | •                              | i6 HV  | ٠<br>سي                 |
|                                    | 1201 Hays Street  | i  | -11:<br>                       | 9: 42  |                         |
|                                    | P.O Box   | NOT acceptable   |                                |  |                         |
|                                    | Tallahassee   | FL 32301   |                                |  |                         |
| The street addre                   | ss of its registered office and the street a<br>be identical.   | address of the business office of its  | registe                        | red ag                                       | gent,                   |
| Such change wa<br>authorized by th | s authorized by resolution duly adopted e board, or the corporation has been not  | by its board of directors or by an o ified in writing of the change.   | fficer s                       | ю  |                         |
|                                    | Xie E. Cienii   | Jill Cilmi, Vice President   |                                |  |                         |
| Signatur                           | of in officer or director   | Printed or typed name and title  |                                |  |                         |
| corporation has                    | the appointment as registered agent and comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.  Service Company | l agree to act in this capacity.<br>ttes relative to the proper and comp<br>gation of my position as registered<br>registered office address. I hereby | olete pe<br>agent.<br>• confir | rform<br>Or, ij<br>m thai                    | ance<br>f this<br>t the |
| By: Xx                             | ue t-Kuby   | 06/15/2022   |                                |  |                         |
| Sigr                               | ature of Registered Agent   | Date   |                                |  |                         |
| If signing on bel                  | nalf of an entity:  |  |                                |  |                         |
|                                    | Asst. Vice President  |  |                                |  |                         |
| Ty                                 | ped or Printed Name   |  |                                |  |                         |
|                                    | * * * FILING FE   | E: \$35.00 * * *   |                                |  |                         |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314