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RAROCHE

DEC OI TOTA ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 266154 8362725

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: November 24, 2021

ORDER TIME : 3:48 PM

ORDER NO. : 266154-009

CUSTOMER NO: 8362725

CHANGE OF AGENT

NAME: DOMINO MANAGEMENT SERVICES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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:DOMINO M/	ANAGEMEN	IT SERVIC	ES LLC	
2 (2)		(b)		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,;	Mailing address of limited lia	
	2121 CORNELL ST		PO BOX	410 , MO 65605-0410	
	SARASOTA, FL 34237		AURORA		
	12/24/2002		L0200003	4699	
3.	Date of filing/registration in Florida	4.		Document number	
<i>-</i>					
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	_ e:	
	NRAI SERVICES, INC			-	
	Registered Office Address (MUST BE FLORIDA STREET	FT ADDRESS	1	-	
	1200 South Pine Island Road				207
				-	2021 (1)
	Plantation	FL 33324		_	•
				-	30
(b)				_	
	inter name of NEW Registered Agent and/or NEW Registered Office address:				ය
	Corporation Service Company				: 36
	NEW Registered Office Address:			-	
	1201 Hays Street	-		_	
	Tallahassee .	FL 32301			
change agent was/w the art	limited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the JILL CILMI	the registere I liability corrs of the lim he limited li	d office and mpany, it is ited liability ability com	d the business office of to thereby confirmed that y company or as otherw	the registered the change(s)
Signa	nture of a member or authorized representative of a member			Printed or typed name of sig	gnee
provis. the obi to mer	hy accept the appointment as registered agent and of ions of all statutes relative to the proper and completigations of my position as registered agent as proviely reflect a change in the registered office address, d in writing of this change.	agree to act ete performa ded for in C I hereby co	in this capa nce of my a hapter 605, nfirm that t	ncity. I further agree to luties, and I am familian , F.S. Or, if this docume the limited liability comp	comply with the with and accept ent is being filed pany has been
<u>X</u>	hace C-Kubly	GRACI	E E. KIRBY	Y, ASST. VICE PRESID	DENT
Signan	ore of Registered Agent				