L01000 112293

Special Instructions to Filing Officer:	(Requestor's Name)					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/Phone #)					
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP WAIT MAIL					
Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Business Entity Name)					
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J. HORNE JUN 2 7 2024	Special Instructions to Filing Officer:					
	J. HORNE JUN 2 7 2024					

Office Use Only



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COVER LETTER

-	istration Section ision of Corporations				
SUBJECT:	DAD 1705 Airport Road LLC				
0020201.		me of Limited Li	ability Company		
Dear Sir or	Madam:				
The enclose	d Registered Agent/Registered Of	fice Change and i	fee(s) are submitted for filing.		
Please return	n all correspondence concerning th	nis matter to the f	ollowing:		
Devon Dikeo	אנ				
	Name of Person		_		
DAD 1705 A	Airport Road LLC				
	Firm/Company		_		
1615 Californ	nia Street, Suite 707				
	Address		_		
Denver, CO 8	80202				
	City/State and Zip Code				
mschooner@	dikeou.com				
E-mail	address: (to be used for future an	nual report notific	cation)		
For further in	nformation concerning this matter	, please call:			
Mary Schoon	ег	303 at (825-9192		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Divi P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	losed is a check for the following	g amount:			
= \$2	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. Na	ame of the limited liability company: DAD 1705 Airpo	rt Road	LLC	
2. (a)	DAD 1705 Airport Road LLC	(b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	<u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1615 California Street, Suite 707	_		
	Denver, CO 80202			
	11/06/2007		L0700011	2293
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Matthew Brenner			
J. (W)	Registered Agent and Registered Office shown on the records of Lowndes			
	Registered Office Address (MUST BE FLORIDA STREET) 215 N Eola Drive		<u></u>	_
	Orlando . FI	32801		20
(b)	Enter name of NEW Registered Agent and/or NEW Registered Garganese, Weiss, D'Agresta, & Salzman P.A. NEW Registered Office Address: 111 N. Orange Avenue, Suite 2000	Office a	ddress:	FILED 2024 JUN 17 PH 3: 09
	Orlando, Fl	32802-	2873	_
change agent v was/we the arti	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agriculture of all statiles relative to the proper and complete ligations of the proper and complete ligations of the proper and complete ligations of the change in the registered agent as provide all reflect of change in the registered office address. If the office is the change in the registered office address. If the office is the change in the registered office address.	e registe ability c of the li limited De ree to ac a perforin d for in hereby	ompany, it mited liabil liability cover Dikeou cover Dikeou cover the cover of m Chapter of confirm the	is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Manager Printed or typed name of signee spacity. I further agree to comply with the y duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed at the limited liability company has been
	Division of Corporations P.O. FILING I	Box 63: FEE: \$2	z/● Tallah 5.00	assee, FL 32314