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To:

Division of Corporations

Fax Number

: (850)617~6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone Fax Number

: (702)866-2500 : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Managedreports@incorp.com

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LLC REGISTERED AGENT CHANGE DMKOLKER CONSULTANTS LLC

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COVER LETTER

SID IEST.	DMke	olker Consultants LLC
SUBJECT:	Name o	f Limited Liability Company
Dear Sir or Mad	am:	
The enclosed Re	gistered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all	correspondence concerning this n	natter to the following:
	Joanna Fernandez	
	Name of Person	
	InCorp Services, Inc.	
<u></u>	Firm/Company	**************************************
3773	Howard Hughes Pkwy Suite 5	00S
	Address	-
	Las Vegas, NV 89169-6014	
	City/State and Zip Code	<u></u>
	managedreports@incorp.com	
E-mail add	ress: (to be used for future annual	report notification)
For further infor	mation concerning this matter, ple	ease call:
oanna Fernand	ez for InCorp Services, Inc.	800-246-2677
	Name of Person	Area Code & Daytime Telephone Number
Registra Divisio P.O. Bo	Address: ation Section of Corporations ox 6327 ssee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	d is a check for the following an	nount:
⋈ \$25 F	filing Fee	☐ S55 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	me of the limited liability company: DMkolker Con	ารultar					
2. (a	1)	11200 Brandywlne Lake Way		(b)	11200 Bre	ndywine Lake Way		
(.	-, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		failing address of limited li (Note: MAY BE POST (
		Boynton Beach FL 33473			Boynton Be	each FL 33473		
		04/03/2008		1	_08000034	4082		
3.		Date of filing/registration in Florida	_ 4.	_	1	Document number		
5. (a)	KOLKER, DAVID M						
). (<u>.a</u>)	Registered Agent and Registered Office shown on the records of	f the Flo	rida I	Dept. of State:	:		
		11200 BRANDYWINE LAKE WAY					3 ·	202
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				5	2022 MAY 10	
								"
		BOYNTON BEACH , FI	L	33	473		100 to 10	
C	b)	InCorp Services, Inc.					7 L 2 L 2 L	Ph 12: 0
(0)	٠,	Enter name of NEW Registered Agent and/or NEW Registered	d Office	add	<u>ress</u> :		• •	0
		17888 67th Court North						
		NEW Registered Office Address:						
		Loxahatchee , F	L	33	470 ———			
the ager	cha it v /we	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the re liability of the e limite	egist y cor limi ed li	ered office npany, it is ted liability	and the business offi hereby confirmed the company or as other apany.	ce of the at the cha	registered inge(s)
Si	योग	the of a member or authorized representative of a member	_			Printed or typed name of		
the to p	risi obl	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	e perjo led for I hereb	rma in C y co	nce of niv a hapter 605 nfirm that i	tunes, and 1 am famil , F.S. Or, if this docu the limited liability co	to compliar with i ment is f mpany h	y with the and accept peing filed as been
Sign	eru	Isabel Burgos on bel	naiī O	i ini	orp Sen	nces, inc.		
		~	_					