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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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AUG 2 4 2023			

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COVER LETTER

TO: Registration Section Division of Corporations		
DIGITAL COPILOT LLC SUBJECT:		
-	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the	e following:
Jason Regalbuto		
Name of Person		
DIGITAL COPILOT LLC		
Firm/Company		·
6 Golfview Road		
Address		
Palm Beach, FL 33480		
City/State and Zip Coo	le	
theregs@icloud.com		
E-mail address: (to be used for future	annual report not	ification)
For further information concerning this mat	tter, please call:	
Jason Regalbuto	561 at (309-8993
Name of Person	at (Area Code & Daytime Telephone Number
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
Enclosed is a check for the follow	ing amount:	
□ \$25 Filing Fee	×	/ \$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.

. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6 Golfview Road	•	6 Golfview Road
	Palm Beach, FL 33480	!	Palm Beach, FL 33480
	10/31/2008	L	08000102333
i.	Date of filing/registration in Florida	_{4.} -	Document number
5. (a)			
. (-)	Registered Agent and Registered Office shown on the records of Michael Brenner	of the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	
	314 Clematis Street Suite 200		
	West Palm Beach	33401	
	, !	f'L	20 223
(b)			2023 AUG
(-)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addi	783.
	Dahard Vanila		
	Robert J. Kanjian		
	NEW Registered Office Address:		
	701 Northpoint Parkway, Suite 150		06 :
	West Palm Beach	533407	
chang agent was/w the art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members icles of organization or the operating agreement of the company of the	he registered liability comes of the limited lia	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	ature of a member or authorized representative of a member		Printed or typed name of signee
-		gree to act it	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed aftern that the limited liability company has been

FILING FEE: \$25.00

INHS18 (2/14)