L13000021678

(Re	equestor's Name)	, <u></u>	
(Address)			
(Ac	idress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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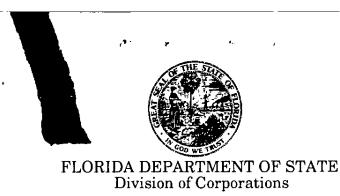


OCT 2 2 2015 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Dom WARE HOUS & LU Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Person				
DLM WAREHOUSE LLC Firm/Company				
1 NE 40 h SL SUITE 113 Address				
MIAMI JA 33/37 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (305) 937-1909 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301				
□ \$25 Filing Fee & Certified Copy				

INHS18 (2/14)



October 7, 2015

STEFFANIE JACOBSON 1 NE 40TH STREET SUITE 113 MIAMI, FL 33137

SUBJECT: DLM WAREHOUSE LLC

Ref. Number: L13000021678

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 515A00021281

STATEMENT OF CHA

OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of second 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement to change its registered office or registered agent, or both, in the State of

rioriaa		
1. Na	me of the limited liability company: DUN NAZEND	vse lic
2. (a) ₋	1 NE. 40 LC+ CUTE 1/3 (b)	
, , -	Principal office address of limited liability company:	failing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) / (A) (A)	(Note: MAY BE POST OFFICE BOX)
_	39/37	
	MIAMI. 1212 - 33137	*
	-3./11/13 _ L/	13000021678
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	REUDEN SCHNEIDER	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	18851 NE 2GHAVE Ste, GOI	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	AVENTURA 1714 33180	2s 5
		5 8 10
	, FL	T 20
		and the
(b)	DOSCIS BSUTTIN	mg P
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	7° - 0
	1.10 1000	DRICE 5
	1 NE. 4012S+	
	NEW Registered Office Address:	
	SUITE 113	
	MIAMI ,FL 33/37	
fthe li	mited liability company is not organized under the laws of the State of Flo	mide it is homely so forward that after
he char	ige or changes are made, the Florida street address of the registered office	and the business office of the registered
agent w	ill be identical. Or, in the case of a Florida limited liability company, it is	hereby confirmed that the change(s)
he artic	re authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability com	pany.
	Can Pault	RIS B SUTTIN
Signate	ure of a member or authorized representative of a member	Printed or typed name of signee
provisio the obli to mere	y accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my o gations of my position as registered agent as provided for in Chapter 605, ly reflect a change in the registered office address, I hereby confirm that i in writing of this change.	acity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatur	e of Registered Agent	
vigualui'	on regimena agent	