113000098176

(Requestor's Name)					
(Ad	dress)				
(Ad	dress)	·			
(Cit	y/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Ви	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
	J DENNIS				
	JUL 2 1 2023	•			

Office Use Only



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STARY OF STATE CORPORATION

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divisi	on of Corporations			
SUBJECT:	T: Dioscuri Capital Management LLC Name of Limited Liability Company			
3003DC1				
Dear Sir or Ma	adam;			
The enclosed I	Registered Agent/Registered Office C	change and fee(s) are submitted for filing.		
Please return a	all correspondence concerning this ma	itter to the following:		
Renee	Barry			
	Name of Person			
Greyst	tone Services LLC			
	Firm/Company			
7609	Greystone Drive			
	Address			
Bayo	net Point, FL 34667			
<u> </u>	City/State and Zip Code			
grey	stoneservices4biz@gmail.com			
E-mail a	ddress: (to be used for future annual r	eport notification)		
For further inf	ormation concerning this matter, plea	se call:		
Renee		1 (<u>727</u>) <u>862-1718</u>		
	Name of Person	Area Code & Daytime Telephone Number		
Regis Divisi P.O. I	ng Address: tration Section ion of Corporations Box 6327 nassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclo	sed is a check for the following amo	ount:		
∑ \$25	Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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: Dioscuri C	apital Ma	nagement LLC				
2. (a)		(b)_					
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	7609 Greystone Drive #150		7609 Gre	7609 Greystone Drive #150			
	Bayonet Point, FL 34667		Bayonet	Point, FL 34667			
	July 10, 2013		L1300009817	76			
3.	Date of filing/registration in Florida	4.	Documen	t number			
5. (a)	Registered Agent Pros., LLC						
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7609 Greystone Drive						
	Bayonet Point FL	34667	7				
(b)	Greystone Services LLC			SEGRETA 2023 May			
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	255:	FILEI ETARY (AY 17			
	NEW Registered Office Address:			OF S			
	7609 Greystone Drive			8: 33			
	Bayonet Point, FL	3466	67	교 <i>통</i> _			
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	registered bility comp f the limite	office and the busing pany, it is hereby conditionally and liability company	ness office of the registered onfirmed that the change(s)			
	Kine aury		Renee Barry				
Signo	ture of a member or authorized representative of a member		Printed or t	typed name of signee			
provisi the obl to mer notified	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in performand I for in Che ereby conf	this capacity. I furce of my duties, and upter 605, F.S. Or, irm that the limited	rther agree to comply with the I I am familiar with and accept if this document is being filed I liability company has been			
Signaty	fre of Registered Agent						