## L13000129382

(Requestor's Name)	<u>.</u>								
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT M	AIL								
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status _	·								
Special Instructions to Filing Officer:									
<u>.</u>									

Office Use Only



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2025 JUN 12 PM 4: 33

CSC - Tallahassee
CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 06/12/25 Order #: 3101039-3

Re: Dorsand Bond Holdings LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Amanda Miller
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

## Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## . 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: DORSAND BON	ID HOL	DI.	NGS LLC				
2.	(a)		(	b)					
	` /	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	,	N	Mailing address of <i>Note: MAY B</i>	f limited	liability (	company:
		105 ST. EDWARDS PLACE			105 ST. E	DWARÐS PL	ACE		
		PALM BEACH, FL 33418	_		PALM BEA	ACH, FL 3341	18		
		09/12/2013		ı	L13000129	9382			
3.		Date of filing/registration in Florida	4.	_		Document nu	mber		, , , ,
5.	(a)								
	` ,	Registered Agent and Registered Office shown on the records of t ESKENAZI, SANDRA	he Floric	la f	Dept. of State	· :			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				•			
		105 ST. EDWARDS PLACE					_		
		PALM BEACH GARDENS	33418				IĂLLAHÁS!	2025 JUN 12	,
							五.	×	,
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddı	ress:		rri -		; ** ** ; ** **
					<del></del>		m.	PM 4: 33	[ · ·
		Corporation Service Company					, FĽORÍDA	-F.	
		NEW Registered Office Address:					ĎΑ	ဃ	
		1201 Hays Street							
		Tallahassee, FL	32301						
ch ag wa	ange ent v is/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility c f the lir	red on nit	l office and apany, it is led liability	I the business hereby confir company or a	office o	f the re at the cl	gistered nange(s)
78/ DAY ID IV. LONGAZI					D N. ESKE	KENAZI, MANAGER			
I i pro the to	herei ovisi v obl mere	we of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete in writing of this change.	ve to ac perforn l for in vereby c	t it ian Ch ion	n this capa ice of my d iapter 605, ifirm that ti	Printed or typed ocity. I further luties, and I at F.S. Or, if the limited liah	r noree l	io com	oly with the and accept being filed has been
Si	gnatu	Inaca C-Kubly re of Registered Agent	GRACI	ΕE	E. KIRBY,	ASST. VICE	PRESI	DENT	