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| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (*1881.683) | | | | | | | | |
| (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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Office Use Only

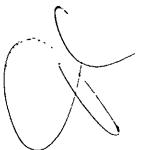


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COVER LETTER

| | gistration Section vision of Corporations | | | | | |
|--------------------------|--|-----------------------|--|--|--|--|
| SUBJECT | DAS PULPO LLC | | | | | |
| овонет | Name of Limited Liability Company | | | | | |
| Dear Sir or | Madam: | | | | | |
| he enclose | ed Registered Agent/Registered | l Office Change an | d fee(s) are submitted for filing. | | | |
| lease retu | rn all correspondence concernir | ng this matter to the | e following: | | | |
| LIANA TE | GOV . | | | | | |
| | Name of Person | | | | | |
| VPM | | | ~ | | | |
| | Firm/Company | | | | | |
| 3351 GALT | OCEAN DRIVE | | | | | |
| · · · · · | Address | | | | | |
| FORT LAU | DERDALE FL 33308 | r | | | | |
| <u> </u> | City/State and Zip Co | | | | | |
| regov@v | PMFL.COM | | | | | |
| E-ma | l address: (to be used for future | e annual report noti | fication) | | | |
| for further | information concerning this ma | atter, please call: | | | | |
| ILIANA TE | GOV | 201 at (| 709-8700 | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | |
| Mailing Address: | | | Street Address: | | | |
| | gistration Section | | Registration Section | | | |
| Division of Corporations | | | Division of Corporations | | | |
| | D. Box 6327 | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| Ta | Hahassee, FL 32314 | | | | | |
| En | closed is a check for the follow | wing amount: | | | | |
| = : | \$25 Filing Fee | a : | \$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.

| I. Na | ame of the limited liability company: DAS PULPO LI | .C | | | | | |
|---|--|--|--|---|---|---|--|
| 2. (a) | C/O VOGET PROPERTY MANAGEMENT, LLC. | | (b) C/O V(| OGET PROPERT | ET PROPERTY MANAGEMENT, LLC. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0) | - | | | |
| | 3351 GALT OCEAN DRIVE | | 3351 GALT OCEAN DRIVE | | | | |
| | FORT LAUDERDALE, FL 33308 | | FORT I | AUDERDALE. | UDERDALE, FL 33308 | | |
| | 12/13/2014 | | L1400019 | 94764 | | | |
| 3. | Date of filing/registration in Florida | - 4. | | Document no | umber | | |
| 5. (a) | JAMIE JEAN BURBA | | | | | | |
| ` ' | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | |
| | Registered ()ffice Address (MUST BE FLORIDA STREET ADDRESS) | | | | | 202 | |
| | 3415 GALT OCEAN DRIVE APT #1 | | | | | f≒. 2022 S€Þ | |
| (b) . | FORT LAUDERDALE , FI | 33308 | | | | .b − 6. | |
| | ILIANA TEGOV | | | | e e | 9 PH 12: 21 | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | - ' | ₩. | |
| | C/O VOGET PROPERTY MANAGEMENT, LLC. | | | | | 124 | |
| | NEW Registered Office Address: | | | | | | |
| | 3351 GALT OCEAN DRIVE | | | | | | |
| | FORT LAUDERDALE , FE | 33308 | | | | | |
| change agent v was/we the arti | imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member | e registe ability of of the li- limited | red office a company, in mited liabi | and the business t is hereby confi lity company or ompany. | s office of irmed that as other | of the registered at the change(s) rwise provided in | |
| | | raa to co | et in this co | ,, | | - | |
| provisi the obl to mere | by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I is writing of this change. | ree to ac perforn d for in hereby c | ance of m Chapter 6 Confirm the | ipacity. I furthe y duties, and I o 05, F.S. Or, if t at the limited lia | r agree i im famili his docu ibility co | to compty with the iar with and accep iment is being filed impany has been | |
| Signatu | re of Registered Agent | | | | | | |