Florida Department of States Division of Corporation

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE DUGRAF, LLC

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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. N	Tame of the limited liability company: DUGRAF	·, LLC		
2. (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)	
	7901 4th St N STE 300	7901 4	th St N STE 300	
	St. Petersburg FL 33702	St. Pete	rsburg FL 33702	
	06/22/15	L1500	0108283	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	TAXPLACE L.L.C			
Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
1660 W HILLSBORO BLVD				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1110			
	1110		_	
DEERFIELD BEACH , FI. 33442				
Registered Agents Inc.				
Enter name of NEW Registered Agent and/or NEW Registered Office address:			NZZ ALI	
	7901 4th St N		APR FI	
	NEW Registered Office Address:		FILED RIL P ASSEC	
	STE 300		E.F. PA	
	St. Petersburg , FL	33702	FILED 2022 APR 14 PH12: 56 SE FLORIDA FALL MINSSEE FLORIDA	
the chagent	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of	the registered officability company, it	re and the business office of the registered is hereby confirmed that the change(s)	
the ar	ticles of organization or the operating agreement of the	limited liability co	mpany.	
	Rilun Park		Riley Park	
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee	
provi. the ol- to me	eby accept the appointment as registered agent and agrees of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change. Bill Havre - Assistan	nerformance of my	duties, and I am familiar with and accept	
Signal	mre of Registered Agent			