(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Boodinent Namber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECTEMENT OF STATE

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 04	/01/2025					
Name:	Cheyanne Davis	_				
Reference #:	2701370	<u> </u>				
Entity Name:	DCA AT	GATEWAY, LLC				
☐ Articles o	f Incorporation/Authorizatio	n to Transact Business				
Amendm	Amendment					
√ Change of the control of the	Change of Agent					
Reinstate	Reinstatement					
Conversion	on					
Merger						
☐ Dissolution/Withdrawal						
☐ Fictitious	Name					
Other						
Authorized Amo	unt: \$25.00					
Signature:	Ohyma Paine					

F: 800.944.6607

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.

. N	nme of the limited liability company: D					
. (a)	3013 Yamato Rd, Suite B12-PMB 3	320	(_{ь)} <u>3013 Y</u>	amato Rd, Suite	e B12-PMB 320
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability cor (Note: MAYBE POST OFFICE E		
	Boca Raton, FI 33434			Boca R	Boca Raton, FI 33434	
	December 30, 2015		_		L16000000529	
3.	Date of filing/registration in Flor	rida	4.		Document numb	er
5. (a)	SHULLMAN, STEVEN J					
	Registered Agent and Registered Office shown on t	the records of	the Florid	a Dept, of Sta	ite:	
	15340 JOG ROAD, SUITE 215					
	15340 JOG ROAD, SUITE 215 Registered Office Address	DA STREET	<u>ADDRES.</u>	<u>S)</u>	_	
	- 		<u>ADDRES</u>		- -	20'
(b)	Registered Office Address (MUST BE FLORII					₹7025 APR
(b)	Registered Office Address (MUST BE FLORID DELRAY BEACH	, FI	33446	6	- - -	2025 APR -1
(b)	DELRAY BEACH COGENCY GLOBAL INC.	, FI	33446	6	-	
(b)	DELRAY BEACH COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NE	, FI	33446	6		Ţr,

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

18/	Steven	Shullman
101	OLUVUI	Onuman

Steven Shullman

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00