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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.

1. N	ame of the limited liability company: DMFH MV, LLC	C 				<del></del>	<u>.</u>	
2. (a)			b)		<u>-</u>			
(7	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	\	,	М	ailing address of (Note: MAY BE	limited liabilit	y company;	
	3310 Mary Street Suite 302			3109 GRAI	ND AVENUE #	#349		
	Coconut Grove, FL 33133			Coconut G	rove, FL 3313	3		
	05/11/2016		Į	_160000910	003			
3.	Date of filing/registration in Florida	4.	_	Γ	Document num	ıber		
5. (a)	1							
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	ia I	Dept. of State:				
	C T CORPORATION SYSTEM							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					707	2	
	1200 S PINE ISLAND RD						- -	
	PLANTATION , FI	33324				TECRETY A CE STATE	- - -	
							<u> </u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered					100	අ	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ac	ddr	<u>ess</u> :			<u>က</u>	
	Corporation Service Company					•		
	NEW Registered Office Address:							
	1201 Hays Street			<u> </u>				
	Tallahassee . FI	32301						
	· · ·							
change agent v	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	e register ability co	ed om	office and pany, it is h	the business o tereby confirm	ffice of the ned that the	registered change(s)	
was/w the art	ere authorized by an affirmative vote of the members of the operating agreement of the	of the Im : limited	nite Iia	ed hability obility of	company or as anv.	s otherwise [	provided in	
	Lie E. CiQui	JIL	L (	CILMI, AUTI	HORIZED PEI	RSON		
Signature of a member or authorized representative of a member					Printed or typed name of signee			
nonjie	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d d in writing of this change.	ree to act perform d for in ( hereby c	t ir an Ch onj	this capac ce of my du apter 605, l firm that the	ity. I further c ties, and I am F.S. Or, if this e limited liabi	agree to con familiar with document lity company	nply with the th and accept is being filed whas been	
Ciment	Drace T-Kubly	GRACE	CE E. KIRBY, ASST. VICE PRESIDENT					
DIMITION OF	NO OF INDESIGNATION AND THE PROPERTY OF THE PR							