

L16000123943

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BSB CONSULTING SERVICES LLC  
Account Number : I20230000011  
Phone : (561)317-9598  
Fax Number : (786)544-6051

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
DEEPFI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON  
NOV - 5 2024

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEEPFI LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Gomez  
Name of Person

Deepfi LLC  
Firm/Company

3105 107th Ave. Suite 607  
Address

Doral, FL 33172  
City/State and Zip Code

legal@deepfi.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Gomez at (305) 4826050  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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TALLAHASSEE, FL

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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. Name of the limited liability company: Deepfi LLC

<p>2. (a) <u>3105 107th Ave</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i></p> <p><u>Suite 603</u> <u>Doral, FL 33172</u></p>	<p>(b) <u>3105 107th Ave</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i></p> <p><u>Suite 603</u> <u>Doral, FL 33172</u></p>
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3. <u>06/28/2016</u> Date of filing/registration in Florida	4. <u>L16000123943</u> Document number
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5. (a) AMERICAN PARTNER SERVICES CORP  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7205 NW 19TH ST,

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
SUITE 401  
MIAMI FL 33126

(b) BSB Consulting Services, LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3105 107th Ave  
NEW Registered Office  
Address: Suite 603

Doral FL 33172

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 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

<p><u>Maria Gomez</u> Signature of a member or authorized representative of a member</p>	<p><u>Maria Gomez</u> Printed or typed name of signer</p>
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*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.*

[Signature]  
Signature of Registered Agent

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