1/600/45528

| (Requestor's Name) | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | | |
| (Address) | | | | | | | | | |
| (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

| TO: | Registration Section Division of Corporations | | | | | | |
|-----------------------------------|---|-----------------------------------|--------------------------------------|--|--|--|--|
| SUBJE | DL Investment Holdings, LLC | | | | | | |
| Name of Limited Liability Company | | | | | | | |
| Dear Si | r or Madam: | | | | | | |
| The enc | losed Registered Agent/Registered Office | Change and | fee(s) are submitted for filing. | | | | |
| Please r | eturn all correspondence concerning this r | matter to the f | ollowing: | | | | |
| Aaron | Durali | | | | | | |
| | Name of Person | | - | | | | |
| | Firm/Company | | _ | | | | |
| 8411 V | Vest Oakland Park Boulevard, Ste. | 302 | | | | | |
| | Address | | _ | | | | |
| Sunrise | e, FL 33351 | | _ | | | | |
| | City/State and Zip Code | | | | | | |
| ald@du | uralifim.com | | | | | | |
| Е-п | nail address: (to be used for future annual | report notific | ation) | | | | |
| For furthe | er information concerning this matter, ple | ase call: | | | | | |
| Aaron D | | 954 at (| 718-3655 | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | |
| | TREET/COURIER ADDRESS: | | LING ADDRESS: | | | | |
| | egistration Section | stration Section | | | | | |
| | Pivision of Corporations Lifton Building | nion of Corporations | | | | | |
| | 661 Executive Center Circle | Box 6327 hassee, Florida 32314 | | | | | |
| | allahassee, Florida 32301 | Hasse, Fidilia 22214 | | | | | |
| E | nclosed is a check for the following am | ount: | | | | | |
| 2 | \$25 Filing Fee | Filing Fee & Certified Copy | | | | | |

INHS18 (2/14)

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: DL Ir | nvestment | t Holdi | ngs, LLC | · | | | |
|--|---|--|--|---|--|---|---|--------------------------------------|
| 2. (a) | 8411 West Oakland Park Blvd., Ste. | 302 | (b | , 8411 W | est Oaklan | d Park Blv | d., Ste | . 302 |
| 2. (u) | Principal office address of limited liability co | - | _ * | , | Aziling address (Note: MAY) | | | |
| | Sunrise, FL 33351 | | _ | Sunrise, | FL 33351 | | | |
| | 03/05/2018 | | - | L160001 | 45528 | | | |
| 3. | Date of filing/registration in Florid | a | 4. | | Document nu | umber | | |
| 5. (a) | David Di Pietro & Associates, P.A. | | | | | | | |
| (-) | Registered Agent and Registered Office shown on the 101 NE 3rd Ave., Ste. 1410 Registered Office Address | | | | : | | | |
| | | | | | | Ξ_{\wp} | 22 | |
| | Fort Lauderdale | , FL_3 | 33301 | | | | NAM II | T |
| (b) | Aaron Durall | | | | | 3.45.8 7.82.8 7.82.8 | 25 | Parties. |
| (-) | Enter name of NEW Registered Agent and/or NEW | Registered O | ffice add | ress: | | | \$ | |
| | 8411 West Oakland Park Boulevard, Ste. 302 | | | | | | ** | |
| | NEW Registered Office Address: | | | | ; | | | |
| | Sunrise | 3 | 3351 | | | | | |
| he char gent w vas/we | mited liability company is not organized und nge or changes are made, the Florida street a fill be identical. Of, in the case of a Florida is re authorized by an affirmative vote of the modes of organization or the operating agreement | ler the laws ddress of th limited liab nembers of t | of the a ne regist ility con the limi | tered office mpany, it is ted liability ability comp | and the busin hereby confir company or a | ness office or rmed that the as otherwise | f the reg e change provide | gistered e(s) |
| _ | are of a member or authorized representative of a mem | | · | | | _ | | |
| hereb rovisio ne obli mere otified | y accept the appointment as registered agen ins of all statutes relative to the proper and o gations of my position as registered agent as ly reflect a change in the registered office ad in writing of this change. | t and agree complete pe s provided f idress, I hei | to act erforma for in C reby co | in this capa nce of my di hapter 605, nfirm that th | city. I further uties, and I a F.S. Or, if th re limited liab | r agree to co m familiar w his document bility compa | mply w vith and t is bein ny has t | ith the accept g filed been |
| | (6 | | | | | | | |
| ignatur | of Registered Agent | | | | | | | |