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(F	Requestor's Name)		
(A	Address)		
(F	Address)		
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL	
(E	Business Entity Name)		
(Document Number)			
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kelsey Eulert kelsey.eulert@cscglobal.com

Date: October 10, 2018

Order#: 424756/027

Re: DALE COOPER LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX ___ Return Regular Mail in the enclosed envelope.

Attn:Kelsey Eulert c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

SECRETARY OF STAFE FALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent. or both, in the Florida.

1. N	lame of the limited liability company: DALE COOPE	R LLC	
2. (a)	1088 MADISON 206	(b)	PO BOX 186
2. (1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability com (Note: MAY BE POST OFFICE B)
	FREDERICKTOWN MO 63645		FREDERICKTOWN, MO 63645
	September 16, 2016		L16000173755
3.	Date of filing/registration in Florida	4.	Document number
5 (n) INCORP SERVICES INC		
5. (a	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	17888 67TH COURT NORTH		·
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Registered Office Address - pargot Bay Bakhyar By Killy	711717111111111111111111111111111111111	
	LOXAHATCHEE . FI	, 33470	
			Zs :-
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	t Office udde	
	Ester traine of Steps Registered Agent and of Way Registered	I CHINE ZUGI	
	1201 Hays Street		AN SSI
	NEW Registered Office Address:		
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	-		
			¹ × Σ _m Σ
	Tallahassee , FI	32301	
the ch agent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registe lability con of the limit	ered office and the business office of the re ipany, it is hereby confirmed that the chang ed liability company or as otherwise provice
	aturcold member or authorized representative of a member	Jill Cil	lmi. Authorized Person
Sign	ature of a member or authorized representative of a member	-	Printed or typed name of signee
I here provis the ob to men notifie	eby accept the appointment as registered agent and agions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It add in writing of this change.	ree to act in performared for in Ch hereby con	n this capacity. I further agree to comply vace of my duties, and I am familiar with and apter 605, F.S. Or, if this document is bei, firm that the limited liability company has
	ure of Registered Agent Corporation Service Company		