L/6000 192389

(Re	questor's Name)			
(Ad	dress)	 		
(Ad	dress)	 		
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
1. 1611 - 0.13				
00	5-30.2023			

Office Use Only



200403565842

2023 JUN 30 FU 2: 23

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. Na	ame of the limited liability company: DM & ASSOCI-	ATES BUS	INESS INTE	LLIGENCE LLC		
2. (a)	6975 Peters LN	<i>(</i>):	(b) 6975 Peters LN			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limite (Note: MAY BE POS		y:
	Delray Beach FL 33446-		6975 Delray	y Beach FL 33446-12	262	
	March 17 2023		L160001923			
3.	Date of filing/registration in Florida	4.	!	Document number		
5. (a)	Registered Agent Inc					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7904 4th St N			:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				36	
	Suite 300					
	St Petersburg . F	33702 L		_	AROUNT SO	-
(b)	David S Greenberg			-	. 3	, -
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ac	<u>ldress</u> :		2	
	6975 Peters LN				ျှင်	
	NEW Registered Office Address:			-		
	Delray Beach	33446		-		
change agent w was/we	imited tiability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the ne register liability co	ed office and ompany, it is nited liability	d the business offic s hereby confirmed y company or as ot	that the change	ea (s)
K	tind Sheertee	Dav	rid S Greenbe			
	ture of a member or authorized representative of a member			Printed or typed name		
provision the oblication to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, if it writing of this change.	e perjorn led for in	iance oj my a Chapter 605	nutes, and t am jan . F.S. Or. if this do	ocument is being	iccem illed
Signatur	arid Salenbled or of Registered Agent					

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

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	DM & ASSOCIATES BUSINESS INTELLIGENCE LLC						
	Name of	Limited Li	ability Company	•			
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Office Cl	hange and	fee(s) are submitted for filing.				
Please return	all correspondence concerning this man	tter to the f	following:				
David S Gree	nberg						
	Name of Person		_				
DM & ASSO	CIATES BUSINESS INTELLIGENCE LL	С					
	Firm/Company	_	<u> </u>				
6975 Peters L	.N			2023 [15]			
	Address						
Delray Beach FL 33446-1262			52	30			
	City/State and Zip Code			P. 2:			
mowermaven	@gmail.com			: 23			
E-mail	address: (to be used for future annual re	eport notific	cation)				
For further in	nformation concerning this matter, pleas	se call:					
Davi S Green	berg at	352	216-9332				
-	Name of Person	(Area Code & Daytime Telephone Number	r			
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Encl	losed is a check for the following amo	unt:					
= \$2	25 Filing Fee	□ \$5.	5 Filing Fee & Certified Copy				

INHS18 (2/14)