L16000225516

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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₹ALLAHASSEE, FL 32301

P: 866.625.0838

F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Name:
Reference #:
DOMAIN TECHNOLOGIES, LLC ☐ Articles of Incorporation/Authorization to Transact Business ☐ Amendment ☐ Change of Agent ☐ Reinstatement ☐ Conversion ☐ Merger
 ☐ Amendment ☑ Change of Agent ☐ Reinstatement ☐ Conversion ☐ Merger
 Change of Agent Reinstatement Conversion Merger
Reinstatement Conversion Merger
Conversion Merger
☐ Merger
Discolution Withdrawal
Dissolution/vviuldrawai
Fictitious Name
Other
Authorized Amount: 25.00 Signature:

F: 800.944.6607

COVER LETTER

то:	Registration Section Division of Corporations	
SUB.	JECT:	DOMAIN TECHNOLOGIES, LLC
		Name of Limited Liability Company
Dear	Sir or Madam:	
The c	enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concern	ing this matter to the following:
	Name of Person	
	COGENCY GLOBAL	INC.
	Firm/Company	
	115 North Calhoun Street	. Suite 4
	Address	
	Tallahassee, FL 323	.01
	City/State and Zip C	ode
	dlittwin@dugganbertscl	n.com
	E-mail address: (to be used for future	e annual report notification)
For fu	urther information concerning this m	natter, please call:
		at ()
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the follo	owing amount:
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

TO:

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: DOMA				N TECHNOLOGIES, LLC			
2.	(a)	125 SW 3rd Place Ste 200	(b)		125 SW 3rd Place S	Ste 200		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Cape Coral, FL 33991			Cape Coral, FL 33991			
						_		
		12/13/2016			L16000225516	;		
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	DUGGAN BERTSCH PLLC						
٠,	(")	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:	:			
		875 109TH AVENUE N.						
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		Ā.	202		
		Suite 302		LLY SIS				
		NAPLES . FI	341	08	TÄLLÄHASSI	2023 SEP 12	Ī	
	(b)	Cogency Global Inc.			EELFLORIDA		m	
	(/	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:	02			
				٥	AM 10: 53			
		115 North Calhoun Street, Suite						
		NEW Registered Office Address:						
		Tallahassee , FI	323	301				
		, , , ,						
the age wa	cha ent v s/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	The registe ability con of the limite	ered office apany, it is ed liability	and the business offi hereby confirmed the company or as other	ce of the	e registered ange(s)	
/S/ James M. Duggan			James M. Duggan					
S	igna	ture of a member or authorized representative of a member			Printed or typed name of	signee		
pro the to t	visi obl nere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to act in performand d for in Ch hereby con	n this capa ace of my d apter 605, firm that t	icity. I further agree luties, and I am famil . F.S. Or, if this docu he limited liability co	to comp iar with ment is mpany f	ly with the and accept being filed as been	
		/S/ Sean Chase						
519	natu	re of Registered Agent						