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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-B107 Fax Number : (561)214-8442

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

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LLC REGISTERED AGENT CHANGE **DIME INVESTMENTS 229 LLC**

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M. SOLOMOR

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Help

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: Dime Investment	ts 229 I	LLC				
2. (a)	3750 W 16 Ave #100		(b)	3750 W	V 16 Ave #100		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX				
	Hialeah, FL 33012			Hialcah	, FL 33012		
	08/04/2017		L	1700016	67083		
3.	Date of filing/registration in Florida	- 4.			Document nu	mber	
5. (a)	BARROSO, YAMEL						
	Registered Agent and Registered Office shown on the records of	the Flo	rida (Dept. of S	State:		
	3750 W 16 Ave #100						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRI	<u> </u>				25
							1021 H
	Hialeah, FL	33012	: 				HAR 2
(b) <u> </u>	Corporate Creations Network Inc.					35 10	သ : - ည
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addı	<u>es9</u> :		- 0 25.71	PH 12:
	801 US Highway I					1 2) e 7	28
	NEW Registered Office Address:			-			
	North Palm Beach	33408					
	, r	′					
hange igent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registe ability of the li limited	ered com imite d lia	office a pany, it ed liabil bility co	and the business of t is hereby confin lity company or a	office of the reg med that the cha as otherwise pro	istered inge(s)
Signat	ture of a member or authorized representative of a member				Printed or typed		
provisii he obli o mere iotified	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in writing of this change.	ee to a perfori t for in ereby	ect in man i Chi conj	this ca ce of m apter 60 firm tha	pacity. I further y duties, and I an 05, F.S. Or, if thi u the limited liab	agree to comply n familiar with a is document is b ility company ho	y with the md accept eing filed as been
Signatur	re of Registered Agent						