(Requestor's Name)						
(
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						
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Office Use Only



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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	lame of the limited liability company: DMFH IV, LLC	:		-	
2. (a)		(1	b)		
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of l	imited liability company: POST OFFICE BOX)
	3310 Mary Street Suite 302		3109 (GRAND AVENUE #	349
	Coconut Grove, FL 33133		Cocon	ut Grove, FL 33133	
	11/09/2017		L17000)232031 -	
3.	Date of filing/registration in Florida	4.	-	Document numl	per
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	a Dept. of S	 State:	
	C T CORPORATION SYSTEM		•		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	_		20"
	1200 SOUTH PINE ISLAND ROAD	-	•		303 17 17
	PLANTATION . F	33324			MV 8 LED
		1			18 A 80
(b)					
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:		9.5
	Corporation Service Company				52
	NEW Registered Office Address:				
	1201 Hays Street				
	-		_		
	Tallahassee, F	الــــــــــــــــــــــــــــــــــــ			
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere lability co: of the lim	d office mpany, i ited liabi	and the business off t is hereby confirmation or as	fice of the registered
	Xie E. CiQui	JILL	CILMI, A	AUTHORIZED PER	SON
	ture of a member or authorized representative of a member		Printed or typed name of signee		
	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address. I d in writing of this change.	ree to act performa d for in C hereby co	in this co mce of m hapter 6 nfirm the	apacity. I further as by duties, and I am J 05. F.S. Or, if this at the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been
Signatu	Klaca C. Kuby, re of Registered Agent	GRACE E	E E. KIRBY, ASST. VICE PRESIDENT		