# 000005476

	(Requ	estor's Name)	
	(Addr	<u></u>	
	•	·	
	(Addr	ess)	
	(A) = 0		
	(City/	State/Zip/Phone #	)
PICK-U	<b>&gt;</b>	WAIT	MAIL
	(Busir	ness Entity Name)	
·	(Doci	iment Number)	
Certified Copies	_	Certificates	of Status
Special Instructions to	Filing	Officer:	<u></u> .

Office Use Only



800434195658

2024 AUS -6 PH 2: 49 2024 AUG -6 PH 3: 34

## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/06/2024	_		₩ALK IN**
D.CAB	ITAL LLC		WALK IV
ENTITY NAME D CAP	ITAL, LLC		
DOCUMENT NUMBER		· · · · · · · · · · · · · · · · · · ·	
	**PLEASE FILE THE ATTACHED A	AND RETURN**	2024 AUG - 6 SECRETALITATION
	Plain Copy		
XXXXXXXXX	Certified Copy		AN P
	Certificate of Status		2: 19
	PLEASE OBTAIN THE FOLLOWING FOR  Certified Copy of Arts & Amendments  Certificate of Good Standing		
	**APOSTILLE' / NOTARIAL CEN	RTIFICATION**	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$55	A	CCOUNT #: I201	60000072
		S 87	16
Please call Tina at	the above number for any issues or	concerns. Tha	nk you so much!

#### **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT	D Capital, LLC		
		e of Limited L	iability Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please retu	irn all correspondence concerning this	s matter to the	following:
Brenda Par	ntalone		
	Name of Person		SECRET TALL
Verrill Dar	a LLP		
	Firm/Company		一 第一 第一
355 Rivers	ide Avenue		ည်လ . ညည်း သည် =
	Address		
Westport, 6	CT 06880		
	City/State and Zip Code		
bpantalone	@verrill-law.com		
E-ma	nil address: (to be used for future annu	ual report notif	ication)
For furthe	r information concerning this matter,	please call:	
Brenda Par	ntalone	203 at (	222-3122
	Name of Person		Area Code & Daytime Telephone Number
Re D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E	nclosed is a check for the following	amount:	
٥	\$25 Filing Fee	<b>E</b> \$.	55 Filing Fee & Certified Copy

INHS18 (2/14)

# 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: D Capital, LLC			
2. (a)		(b)		
( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address	s of limited liability company:  (BE POST OFFICE BOX)
	8925 Collins Ave., Unit 12A	86	925 Collins Ave., Unit	12A
	Surfside, FL 33154	<u> </u>	urfside, FL 33154	
	January 8, 2018	L13	8000005426	
3.	Date of filing/registration in Florida	4.	Document r	number
5. (a)				
J. (α)	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:	
	D Capital, LLC			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
	5972 NE 4th Ave.			20 Si
	Miami	FL_33137		FF : 1. 2024 AUG - 6 SECREJAR TALLAH
(b)	Enter name of NEW Registered Agent and/or NEW Register	and Office address	<del></del>	· · · · · · · · · · · · · · · · · · ·
	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	<u></u> .	
	Patrick Downes			PH 2: 49
	NEW Registered Office Address:			# <b>0</b>
	8925 Collins Ave., Unit 12A			
	Surfside	FL		
change agent v was/withe arti Signa  I here provisithe oblito meri	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the united of a member or authorized representative of a member by accept the appointment as registered agent and completions of all statutes relative to the proper and completing of my position as registered agent as provided reflect a change in the registered office address. It is writing of this change.	he registered of liability computes of the limited he limited liability here.	office and the businessiany, it is hereby cond liability company of ility company.  Downes  Printed or type this capacity. I furth	ss office of the registered firmed that the change(s) or as otherwise provided in sed name of signee

Signature of Registered Agent