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3: 36 3: 36	0810 #	To:	Division of Corporations Fax Number : (850)617-6383
9C1 12 日本	AHASSTI. FI	From:	Account Name : CAPITOL CORPORATE SERVICES, INC. Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622
	nte <u>≺</u> the annual	email ac	ddress for this business entity to be used for future mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE DAS BOOT, LLC

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OCT 1 3 2021

S. PRATHER

(((H21000380978 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submi	ant to the provisions of sections 605.0114 or 60. is the following statement in order to change	ils registered	da Statutes, ti d office or re	he undersigned limite gistered agent, or bo	d liability of the	compa State	iny Of				
Florid	DA9 BC	DOT, LLC									
1. 193	ame of the Limited Liability Company:										
2. (a)	7240 W 98TH TERRACE		(b) 7240 W 98TH TERRACE								
	Principal office address of limited liability compa (Note: MUST RE STREET ADDRESS)	anyt	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)								
	OVERLAND PARK, KS 66212	·	OVERLAND PARK, KS 66212								
	1/16/2018		L18000	014172		E 1.	_				
3.	Date of filing/registration in Florida	4.		Document number	上於	2021 OCT 12					
5. (a) NRAI SERVICES, INC.				AA H	9					
•	Registered Agent and Registered Office shown on the rec	ords of the Flor	ida Dept. of State	::	ASS	=					
	1200 SOUTH PINE ISLAND ROAD	<u> </u>		-	m≺						
	Registered Office Address (MUST RE PLORIDA ST	REET ADDRE	<u>22)</u>		OF S	7	ED				
			·	-	STATE ORID,	=					
	PLANTATION	, FL_333	24	-	TE HDA	AM 11: 24					
(h	Capitol Corporate Services, Inc.										
ζ*,	Enter name of NEW Registered Agent and/or NEW Registered Office address:										
	515 East Park Avenue 2nd Fl			-							
	NEW Registered Office Address.			-							
	Tallahassee	, FL 323	01								
the clagent was/v the ar	limited liability company is not organized under tange or changes are made, the Florida street add will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the men ticles of organization or the operating agreement	the laws of the renited liability	he State of Flo gistered office company, it is imited liabilit	c and the business off s hereby confirmed th y company or as other	ice of the r lat the chan	egister ige(s)					
	Ch_		Courtney M				_				
	lature of a member or authorized representative of a member			Printed or typed name of	•	iek e	L.				
the ou to me	eby accept the appointment as registered agent a sions of all statutes relative to the proper and co bligations of my position as registered agent as p rely reflect a change in the registered office addi ed in writing of this change.	ma agree to d mplele perfor provided for h ress, I hereby	mance of my n Chapter 605 confirm that	acity. I juriner agree duties, and I am Jamil 5, F.S. Or, if this doct the limited liability co	to comply liar with ar ument is be ompany ha	nd acci ing file s been	ept ed				
			-	nt Secretary on							
Signa			•	orate Services, Inc	٥.						
	Division of Corporations•	P.O. Box 63	127• Tallahas	see, FL 32314							

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE; S25.00