

L18000051446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

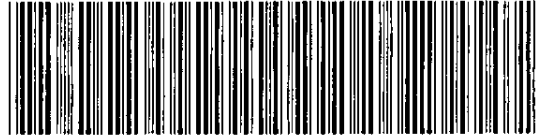
(Business Entity Name)

(Document Number)

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MAR 22 2018
FALLS CHURCH, VA

2018 MAR 22 PM 4:12
18 MAR 22 AM 7:48

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B FIGUEROA

MAR 23 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 086070 8179518
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : February 26, 2018
ORDER TIME : 3:04 PM
ORDER NO. : 086070-005
CUSTOMER NO: 8179518

CHANGE OF AGENT

NAME: DVICE ENTERPRISES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

**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: DVIZE ENTERPRISES LLC
2. (a) Principal Place of Bus 6815 Biscayne Blvd (b) Principal Place of Bus 6815 Biscayne Blvd

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Suite 103 #101

Miami, FL 33138

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Suite 103 #101

Miami, FL 33138

02/26/2018

L18000051446

3. Date of filing/registration in Florida 4. Document number

5. (a) DAVID WIKES

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6815 BISCAYNE BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 103 #101

MIAMI

FL 33138

- (b) DAVID WIKES

Enter name of NEW Registered Agent and/or NEW Registered Office address:

426 NE 34th ST APT. 7

NEW Registered Office Address:

MIAMI

FL 33137

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

David Wikes

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

David Wikes

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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