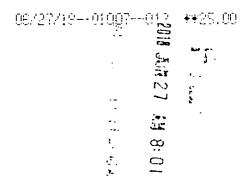


(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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J. HARRIE

COVER LETTER

Division of Corporations		
SUBJECT: Dymon+ Properties LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling.		
Please return all correspondence concerning this matter to the following:		
Atn: Betsy Fintz Name of Person Fintz OPA PA		
Firm/Company		
7301 NW 4Th Street Suite 110		
Plantation, FL 33317 City/State and Zip Code		
betsu & fintz opa. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Betsy Fintz at 954, 440-0320 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
□ \$55 Filing Fee & Certified Copy		

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: Dumon+	Properties LLC
2. (a) 121 NE 34m Street (b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Nate: MAY RE POST OFFICE BOX)
1) nit# 27010	-
Miami, FL 33137	
	1 10 00 00 1 1 1 2
03/14/2018	L18000066450
3. Date of filing/registration in Florida 4.	Document number
5. (a) CINCIN HULL OR Registered Agent and Registered Office sharm on the records of the Florida	Dept. of State:
121 NF 3Am Streft	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	: 23
Unit # 0706	: : : : : : : : : : : : : : : : : :
Miami FL 33137.FL	74
(b) Fintz CPA, PA	
Enter name of NEW Registered Agent and/or NEW Registered Office add	•••
7301 NIII) /ITA STREET	·
NEW Registered Office Address:	 : -/
Suite 110	
Diquala lina	2217
TIWITUTIV) FI. DO	2017
If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the regis	
agent will be identical JOr. In the case of a Florida limited liability co- was/were authorized by an affirmative vote of the members of the limit	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
the articles of organization/or the operating agreement of the limited li	ANCO Pulling Live Congli
Signature of a member of authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performs	in this capacity. I further agree to comply with the give of my duties, and I am familiar with and accept
provisions of all statutes relative to the proper and complete performe the obligations of the position as registered agent as provided for in C to merely reflect alchange in the registered office address. Thereby co notified in priting of this change.	hapter 605, F.S. Or, if this document is being filed intim that the limited liability company has been
manual manual y mis change.	
Signature of Registered Agent	