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## COVER LETTER

TO: Registration Section Division of Corporations						
DCS Capital Partners SUBJECT:						
	ne of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitte	ed for filing.				
Please return all correspondence concerning t	nis matter to the following:					
Derek Sierra						
Name of Person						
DCS Capital Partners						
Firm/Company						
509 Guisando de Avila Suite 200						
Address						
Tampa, FL 33613						
City/State and Zip Code	<del></del>					
dsierra@dcscapitalpartners.com						
E-mail address: (to be used for future an	nual report notification)					
For further information concerning this matter	, please call:					
Derek Sierra	813 5080005					
Name of Person		ytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporati P.O. Box 6327	Division of Corporations				
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee						

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. N	ame of the limited liability company: DCS Capital	Partner	rs			
2. (a)	509 Guisando de Avila	······································	h) (	509 Gui:	sando de Av	ila
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(.	, _	,\		limited liability company: E POST OFFICE BOX)
	Suite 200		Suite 200			
	Tampa, FL 33613	_	T -	ampa, l	FL 33613	
	4/23/2018		L1	800010	)1771	
3.	Date of filing/registration in Florida	4.			Document nur	nber
5. (a)	SIERRA, DEREK C					
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	a Do	ept. of State	: ::	
	401 E. JACKSON ST.			- <del>-</del>		
	Registered Office Address (MUST BE FLORIDA STREET) Suite 3300	ADDRES!	<u>S)</u>			⊒કુક <b>76</b>
(1-)	Suite 3500					SER T
	Tampa , FI	_33602				11 P
	SIERRA, DEREK C					FILED  EP 24 M 4: 50  ANIASSEE, FLORI
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				- F. O	
	509 Guisando de Avila			S6 RIDA		
	NEW Registered Office Address:				•	
	Suite 200					
	Tampa, FI	33613	1			
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the large of a member or authorized representative of a member	f the reginability confithe line in the li	ister omp nite Tiab	red office pany, it is d liability	and the busine hereby confiring company or a	ess office of the registered med that the change(s) s otherwise provided in
I here provisi the oblice to mero notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac. perform ed for in G hereby c	t in tanc Che conf	this capa ce of my a upter 605, irm that t	acity I further	agree to comply with the