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TO:

INHS18 (2/14)

Registration Section

Division of Corporations								
Dyme Lyfe X, LLC	Dyme Lyfe X, LLC							
	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office C	Change and	fee(s) are submitted for filing.						
Please return all correspondence concerning this ma	atter to the	following:						
Arlene McMachen								
Name of Person		_						
Daszkal Bolton LLP								
Firm/Company		_						
2401 NW Boca Raton Boulevard								
Address		_						
Boca Raton, FL 33431								
City/State and Zip Code		_						
amcmachen@dbllp.com								
E-mail address: (to be used for future annual r	report notit	ication)						
For further information concerning this matter, plea	ise call:							
Arlene McMachen	,561	953-1504						
Name of Person	`	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	AILING ADDRESS: registration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314							
Enclosed is a check for the following amo	ount:							
☑ \$25 Filing Fee	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.

I. Na	ame of the limited liability company: Dyme Lyfe >	K LLC						
2. (a)			(b)					
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	2401 NW Boca Raton Boulevard	01 NW Boca Raton Boulevard 2401 NW Boca Raton B				ilevai	rd	
	Boca Raton, FL 33431		Boca Ra	oca Raton, FL 33431				
	05/03/2018		L1800011	11705				
3.	Date of filing/registration in Florida	 4.		Document m	umber			
5. (a)	M&M RA Services, LLC							
J. (11)	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of State	- e:				
	M&M RA Services, LLC							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>((S)</u>	_				
	3301 SW 3rd Avenue							
	Miami , F	33129	3129 Z					
(b)	Arthur J. Hurley				CKE MASS	MAY 20	<u>m</u>	
, ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	_	SSE	20		
	C/O Daszkal Bolton LLP				of STATE	PM 6: 25	E O	
	NEW Registered Office Address:			-				
	2401 NW Boca Raton Boulevard				>			
	Boca Raton	, 3343 ²	1				!	
the cha agent w was/we the arti Signat	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization or the operating agreement of the united language of a member of all statutes relative to the proper and completing in the registered agent as providing to the proper and completing to the prop	of the regliability of the life e limited Geogram	istered office company, it is mited liability I liability con enos Willian	e and the busis hereby confry company or npany. MS Printed or type acity. I further	ness off irmed th as other	ice of at the rwise signee	the registered change(s) provided in	
пощисс	No reflect a change in the registered office address, in writing of this Juange.	l héreby	confirm that	the limited lie	ability ce	mpan	y has been	