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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DSOLITAU HOLDINGS LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company Firm/Company
- 7401 WHES ROAD 1005 MARINA MILE BLVD Address #290
CORAL SPRINGS, FL 33067 FT. LAWDERDALE, FL
City/State and Zip Code 333/5
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tra Tan at (917) 796-9334 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32303 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy
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.

L.	Nai	me of the limited liability company: DSOLITAU HOLDINGS LLC
		(b)
٠.,	(4) -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		4321 NE 17 AUE
		OAKLAND PARK PL 33334
		5/72/2018 L18000127878
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	ORIMES, HEATHER C
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		7401 WILES RD
		(ORAL SPRINGS .FL 33067
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		GRIMES HEATHER C
		NEW Registered Office Address: 1005 MARINA MIE BLVD # 290
		FT. LAUDERDALE, FL 33315
cha age wa	inge ent w s/wc	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. TRA TAU
	_	ure of a member or authorized representative of a member Printed or typed name of signee
pro the to	ovisi obli merc	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change.

Signature of sygistered Egent