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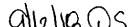
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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COVER LETTER

ŢΟ:	Registration Section Division of Corporations					
SUBJE	2DM HOLDINGS, LLC					
	Name of Limited Liability Company					
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Off	fice Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to th	e following:			
Derek	« Meyers					
	Name of Person					
2DM	Holdings, LLC					
	Firm/Company					
100 S	S. Eola Dr. Unit 901					
	Address					
Orlan	do, FL 32801					
	City/State and Zip Code					
derek	meyers@wanagetaway.com					
Е	-mail address: (to be used for future and	nual report not	ification)			
For fur	ther information concerning this matter	, please call:				
Derek	Meyers	407	489-8944			
	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	R D P	AAILING ADDRESS: Registration Section Division of Corporations 2.O. Box 6327 Callahassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18	8 (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: 2DM HOLDI	NGS, LLC	
2. (a)		(b)_	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	100 S. EOLA DR. UNIT 901		100 S. EOLA DR. UNIT 901
	ORLANDO, FL 32801		ORLANDO, FL 32801
	08/14/2018	L	18000193863
3.	Date of filing/registration in Florida	<u> </u>	Document number
5. (a	MEYERS, DEREK C		
J. (u	Registered Agent and Registered Office shown on the records o	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 101 S. EOLA DR. UNIT 621		
	ORLANDO . F	L 32801	
(b)	MEYERS, DEREK C Enter name of NEW Registered Agent and/or NEW Registered	**************************************	
	NEW Registered Office Address:	<u> </u>	
	100 S. EOLA DR. UNIT 901		
	ORLANDO , F	L_32801	
the chagent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registe liability com of the limite te limited lia	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. k Meyers
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to me	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed ligations of my position as registered agent as providing the reflect a change in the registered office address, and in writing of this example.	gree to act in le performan led for in Ch I hereby con	n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signat	ure of Registered Agent		