## 18000229142

(Requestor's Name)						
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(City/State/Zip/Phone #)						
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 159856, 7779145							
AUTHORIZATION Spelle Renan							
COST LIMIT : \$ 25.00							
ORDER DATE: October 22, 2021							
ORDER TIME : 5:04 PM							
ORDER NO. : 159856-069							
CUSTOMER NO: 7779145							
CHANGE OF AGENT							
NAME: DD OPERATOR HUB, LLC							
Mail. DD OFFICATOR HOD, HEC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker EXT#							
EXAMINER:							

## 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	lame of the limited liability company:DD OPERATO	R HUB,	LLC	2	
2. (a)	2020 Salzedo Street, 5th Floor		(b)	2020 Sa	zedo Street, 5th Floor
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0).		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	CORAL GABLES, FL 33134	_	-	CORAL (	GABLES, FL 33134
	09/27/2018		L	18000229	9142
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida ROMERO, RAFAEL	4.	_		Document number
/**	Registered Agent and Registered Office shown on the records of 2020 Salzedo Street, 5th Floor	the Florid	da D	ept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>SS)</u>		-
	CORAL GABLES, FI	33134			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Off Corporation Service Company			Fice address:  The state of St	
	NEW Registered Office Address:				- FA 6
	1201 Hays Street		_		
	Tallahassee FI	32301			_
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited literative authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	register ability c of the lir	red om mite	office an pany, it is ed liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
				mi, Autho	orized Person
I here provis the ob to mer notifie	ature of a member or authorized representative of a member obey accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide selv reflect a change in the registered office address, I do in writing of this change.  Where Likoble	ree to ac perform d for in hereby c	et in nanc Che conf	this capa ce of my c apter 605 firm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Signati Grace I	are of Registered Agent E. Kirby, Asst. Vice President of Corporation Service Company				

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00