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COVER LETTER

TO: Registration Section **Division of Corporations** DMF IRA, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: FREANEY, DIANE M Name of Person DMF IRA, LLC Firm/Company 2336 SE OCEAN BLVD #230 Address STUART, FL 34996-3310 City/State and Zip Code dlane.freaney@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 323 632-6638 DIANE M FREANEY at (Area Code & Daytime Telephone Number Name of Person **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ■ \$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.

NI-	DMF IRA, LLC				
. Na . (a)	ame of the limited liability company:2336 SE OCEAN BLVD #230			CEAN BLVD #2	
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) STUART, FL 34996-3310	_	1	Mailing address of l	imited liability company: POST OFFICE BOX)
	08/14/2013		L180002553	88	
5. (a)	Date of filing/registration in Florida FREANEY, DIANE M	4.		Document num	
	Registered Agent and Registered Office shown on the records of t 850 NW FEDERAL HIGHWAY 411	he Flor	ida Dept. of State	- e :	2022 (.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		-	Pi Pi	
	STUART, FL	34994		-	ું સુ -
(b)	FREANEY, DIANE M			_	- C1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> DMF IRA, LLC	Office	<u>address</u> :		
	NEW Registered Office Address: 2336 SE OCEAN BLVD #230	· · · · · · · · · · · · · · · · · · ·		-	
		34996-	-3310	_	
hange gent v vas/we he arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the interest of a member or authorized representative of a member.	registe bility f the l limited	ered office and company, it is imited liability	d the business of s hereby confirm y company or as apany. NEY	ffice of the registered ned that the change(s) s otherwise provided in
l here rovisi he obi o mer otifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to a perfor for in ereby	nct in this cape mance of my c a Chapter 605 confirm that i	acity. I further a	sgree to comply with the
Signa I here provisi he obl o mer otified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	Di 	ANE M FREA	Printed or typed nacity. I further a	wre