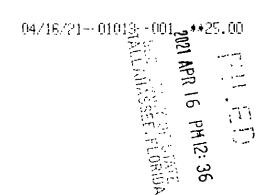
L18000289375

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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	COVER LETTER			
TO: Registration Section Division of Corporations				
SUBJECT: DSKT, LLC				
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:				
Bill Havre				
Name of Person				
DSKT, LLC				
Firm/Company				
7901 4th St N, STE 300				
Address				
St. Petersburg, FL 33702				
City/State and Zip Code				
dcarpenter.dsktllc@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Danny Carpenter	at (678) 356-9646			
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
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.

	DSKT, LLC	
1. Na	ame of the limited hability company.	
2. (a)	DSKT, LLC	(b) DSKT, LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7532 Nelson Spur Rd	7532 Nelson Spur Rd
	Hixson, TN 37343	Hixson, TN 37343
	01/01/19	L18000289375
3.	Date of filing/registration in Florida	4. Document number
	Danny Carpenter	
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
	13928 River Rd Unit 503	
	Pensacola	32507 APR 16
(b)	Registered Agents Inc.	Official P
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:
	7901 4th St N	Office address: PH 12: 36
	NEW Registered Office Address:	
	STE 300	
	St. Petersburg	33702
the charge was/w the art Signal I here provise the obtomer	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the attraction of all statutes relative to the proper and complete ligations of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in criting of this change.	Printed of typed name of signee ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
	Bill Havre - Assistan	it Secretary