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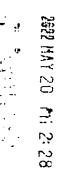
| (Requestor's Name) | | | | | |
|---|----------------|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone # |)) | | | | |
| PICK-UP WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates o | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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JUL 25 2022 M. GOLODSON

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|-----------------|---|----------------|----------|
| DBB Holdings LLC SUBJECT: | | | | |
| | of Limited Li | ability Company | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office | Change and I | ee(s) are submitted for filing. | | |
| Please return all correspondence concerning this n | natter to the f | ollowing: | | |
| Gregory E Thomas | | | | |
| Name of Person | | - | | |
| DBB Holdings LLC | | | | |
| Firm/Company | | _ | | |
| 262 Providence Rd | | | | e,a |
| Address | | _ | ि सू - - | YYH BREE |
| Annapolis, MD 21409 | | | : | AY 20 |
| City/State and Zip Code | | _ | | |
| DBBHoldingsLLC@gmail.com | | | | ĽΆ |
| E-mail address: (to be used for future annual | report notific | ation) | | 28 |
| For further information concerning this matter, ple | ease call: | | | |
| Gregory E Thomas | 443 at (| 852-2537 | | |
| Name of Person | | Area Code & Daytime Telephone Nun | ıber | |
| Mailing Address: | | Street Address: | | |
| Registration Section | | Registration Section | | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| Enclosed is a check for the following am | ount: | | | |
| ☐ \$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.

| Na | me of the limited liability company: DBB Holdings LL | <u>,(`</u> | <u> </u> | |
|--------------------------------|--|-------------------------------|---|---|
| (a) | 4963 Pepper Circle | | (h) 692 Rito | chie Highway |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Suite D-201 | | Suite 100 | |
| | Naples, F1, 34113 | _ | Severna Pa | ark, MD 21146 |
| | 12/18/2018 | | L180002896 | 523 |
| (a) | Date of filing/registration in Florida Thomas, Greg | 4. | | Document number |
| () | Registered Agent and Registered Office shown on the records of a 4963 Pepper Circle | he Flori | da Dept. of State | - x |
| | Registered Office Address (MUST BE FLORIDA STREET A Suite D-201 | DDRE. | S.S _I | - |
| | Naples, FL | 34113 | | |
| h) | Thomas, Gregory E | | | A PROPERTY AND A PARTY |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office : | iddress: | 7 20 11 20 |
| | 4240 15th Ave SW | | | |
| | NEW Registered Office Address: | | | 28 |
| | Naples , FL | 34116 | | |
| nge at w /wei | mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of these of organization or the operating agreement of the l | registe bility o the li | red office and company, it is mited liability | I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| he | projof a posimber or authorized representative of a member | Gre | egory E. Thom | |
| reb visio oblig ierei | ppor a member of authorized representative of a member y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. The in writing of this change. | erforn för in | nance of my d Chapter 605. | uties, and I am familiar with and acce F.S. Or, if this document is being file |

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

Registered Agent