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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number ; (561)214-8442

\*\*Enter the email address for this business entity to be used for future\_, annual report mailings. Enter only one email address please. \*\*

Email Address;

## LLC REGISTERED AGENT CHANGE DIME TRANSFER LLC

Certificate of Status	0
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MAR 24 2021

M. SOLOWON

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## 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. 1	Name of the limited liability company: DIME TRANSFE	ER LL(	2						
2. (a)	3750 W 16 Ave #100		(b) 3750 W 16 Ave #100						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(υ,		Mailing address (Note: MAY)				:
	Hialeah, FL 33012	_		Hialcah	n, FL 33012				
	04/12/2019		Ţ	.190000	96326				<del></del>
3. 5. (a)	Date of filing/registration in Florida BARROSO, YAMEL SR.	4.		-	Document nu	mber	_		
J. (u)	Registered Agent and Registered Office shown on the records of the 3750 W 16 Ave #100	the Flori	ida i	Dept. of S	State:				
	Registered Office Address (MUST BE FLORIDA STREET A	<u>ADDRE</u>	<u>SS)</u>		_			20	
	Hialeah, FL	33012			<del></del>		:: :::::	2021 MAR	
(b)	Corporate Creations Network Inc.							23	,
	Enter name of NEW Registered Agent and/or NEW Registered (	Office 2	<u>idd</u>	<u>ess</u> :				PA	ļ
	801 US Highway 1						27	12: 2	_
	NEW Registered Office Address:		_		<del></del>	,	- * ` `	<b>∞</b>	
	North Palm Beach , FL 3	33408							
agent v	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	register pility c the lin imited	red om nite lial	office a pany, it ed liabil pility co	and the business of this hereby confin lity company or a	office of the of the of the office of the of	he reg he cha	istered	
Signa	the of a member or authorized representative of a member				Printed or typed	name of sign	nee		
the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided pely reflect a change in the registered office address, I he is in writing of this change.	ロンナハナー	OB.	രോഗ്യോഗ്	uduter and lan	n familiae	saidh e	and acco	ant
Signatur	re of Registered Agent								