

10/13/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DUANE MORRIS LLP
Account Number : I19990000059
Phone : (305)960-2217
Fax Number : (305)397-2683

R White
10/14/20

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

Email Address: PMHUDSON@DUANEMORRIS.COM

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LLC REGISTERED AGENT CHANGE
DSST LLC

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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. Name of the limited liability company: DSST LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
13727 SW 152 Street, #798
Miami, Florida 33177
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
13727 SW 152 Street, #798
Miami, Florida 33177
3. 5/29/2019
Date of filing/registration in Florida
4. L19000143483
Document number
5. (a) Registered Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7901 4th Street N, Suite 300
St. Petersburg, FL 33702
- (b) Phillip M. Hudson
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
201 S. Biscayne Blvd., Suite 3400
Miami, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Gabriel Leydon

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Phillip M. Hudson
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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