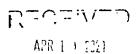
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(Requestor's Name)						
(Address)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dashiess Ellis) Harrey						
(Document Number)						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

Office Use Only



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04/20/21--01005--022 **25.00



COVER LETTER

TO: Registration Section Division of Corporations						
DCM Assets LLC SUBJECT:						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered (Office Change and f	ee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the fo	ollowing:				
Steven E Krook						
Name of Person		_				
SK Management						
Firm/Company		_				
PO Box 250, 30 Tricnit Road						
Address						
New Ipswich, NH 03071						
City/State and Zip Cod	le	_				
ksaari@skcompanies.com						
E-mail address: (to be used for future:	annual report notific	cation)				
For further information concerning this mat	ter, please call:					
Krista Saari	603 at (878-2400				
Name of Person	u. (Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the follow	ing amount:					
■ \$25 Filing Fee	□ \$5:	5 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.

i.	Νε	ame of the limited liability company: DCM Assets LLC	?				
2.	(a)	826 West Oyster Lane		(b)	PO Box 2.	250	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Lantana, FL 33462	_		New Ipswi	wich, NH 03071	
		July 22, 2019		L	.190002055	5508	
3.		Date of filing/registration in Florida	4.	_		Document number	
5.	(a)	MLG Services LLC					
	` ,	Registered Agent and Registered Office shown on the records of 7284 W Palmetto Park Road	the Flori	da l	Dept. of State	ate:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 101			2021 / 1822 /		
		Boca Raton , FL	33433			PR I	
	(b)	Steven E Krook				9 PP	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			PILED 2021 APR 19 PM 12: 4-1 SECRETARIOS DEL ANASSEE FLORIDA		
		826 West Oyster Lane					
		NEW Registered Office Address:				_	
		Lantana	33462			_	
chage wa the	ange ent w s/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of arganization on the operating agreement of the	vs of th registe bility c f the lii limited	red on mit lia	l office and pany, it is ed liability	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
- 5	ignal	ure wa member or authorized representative of a member				Printed or typed name of signee	
11 pro the to no	nerel ovisio obli mere tified	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this chapse	ee to ac perforn l for in erchy c	et i nar Ch con	n this capa ice of my a apter 605 firm that t	pacity. I further agree to comply with the duties, and I am familiar with and accepts. F.S. Or, if this document is being filed the limited liability company has been	
Sij	natu	re Registered Agent					