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COVER LETTER

TO:	Registration Section Division of Corporations	; •
	·	· ·
SUBJI	ECT. DP HOLDINGS FLORID	A LLC
SUDAI		of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Luca	as Ewing	
	Name of Person	
DP	HOLDINGS FLORIDA LLC	
	Firm/Company	
246	7 Sheridan Blvd. Suite A	
	Address	
Edg	ewater, CO 80214	
	City/State and Zip Code	
	npliance@eaze.com	
	E-mail address: (to be used for future ann	ual report notification)
For fu	orther information concerning this matter,	please call:
Luc	as Ewing	at (303) 349-6822
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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

		(b)			
Principal office address of limited liabi (Note: MUST BE STREET AD.			ì	Mailing address of lit (Note: MAY BE 1	-	
7901 4th St N STE 300			7901 4t	h St N STE 3	00	
St. Petersburg FL		·· ·	St. Peter	sburg FL 3370	2	
09/23/2019			L19000	0240201		
Date of filing/registration in I	Florida	4.		Document numb	oer	
)						
Registered Agent and Registered Office shown	on the records of	the Flori	da Dept. of Stat	e:		
Tse, Thomson						
						
Registered Office Address (MUST BE FLO	<u>ORIDA STREET</u>	ADDRES	<u>5S)</u>			
1660 S. Congress Avenue Suite		<u>ADDRES</u>	<u>55)</u>	_	i ALI	2027
~				-		2022 AUG
Boynton Beach Registered Agents Inc.	2			-	ike esta data	AUC 18
1660 S. Congress Avenue Suite Boynton Beach	: 2 , FI	3342 	6	- -	Melejetet et	AUG 18 AH
Boynton Beach Registered Agents Inc.	: 2 , FI	3342 	6	-	TALL STATES TORIOR	AUC 18
Boynton Beach Registered Agents Inc. Enter name of NEW Registered Agent and/or	: 2 , FI	3342 	6	-	TALL ALAUSÉEL FLORIDA	AUG 18 AM 9:1
1660 S. Congress Avenue Suite Boynton Beach Registered Agents Inc. Enter name of NEW Registered Agent and/or 7901 4th St N	: 2 , FI	3342 	6	-	TALL STATES TORIDA	AUG 18 AM 9:1

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 of a member or authorized representative of a member

Bill Havre

Lucas Ewing

Printed or typed name of signee

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.

Assistant Secretary

Signature of Registered Agent