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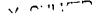
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то:	Registration Section Division of Corporations	
SUBJE	DASH FAMILY, LLC	
		e of Limited Liability Company
Dear Si	r or Madam:	
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Cheryl	Wilke	
	Name of Person	
Lewis I	Brishois	
	Firm/Company	
110 \$.8	E. 6th Street. Suite 2600	
	Address	
Fort La	uderdale, Florida 33301	
	City/State and Zip Code	
Cheryl.	Wilke@lewisbrisbois.com	
Е	-mail address: (to be used for future annu	ual report notification)
For fur	ther information concerning this matter,	please call:
	HELY L WILKE Name of Person	at (0774) 45 40 44 Area Code & Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tananassee. 115 52514	Tallahassee, FL 32303
	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.

1.	Na	ame of the limited liability company:DA	SH FAMILY	, LLC		
2	(a)	21400 N.W. 2ND AVE, MIAMI GARDENS, FI	1. 33169	(h	21400 N	.W. 2ND AVE, MIAMI GARDENS, FL 33169
	()	Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS		(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.		05/20/2020 Date of filing/registration in Florida		4.	1,2000013	Document number
	(a)	Andrew S. Brown, Esq.		7.		170cament namber
		Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 20950 NW 2nd Avenue Miami Gardens. F1. 33169 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>				ETILED 2021 AUG 27 PM 2: 2 1 FLAHASSEE.FI
		Cheryl Wilke				_ FATE 2:
		NEW Registered Office Address: 110 S.E. 6th Street, Suite 2600				
		Fort Lauderdale	, FL	3330	I	<u> </u>
ch ag wa	ange ent v is/wo	imited liability company is not organized und or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the n cles of organization or the operating agreement	ess of the reg limited liabil nembers of tl	gistero ity co he lim nited l	ed office a impany, it iited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
0	Signa	ture of a member or authorized representative of a men	nber	-		Printed or typed name of signee
pr the to no	herei óvisi e obl mére tifie	by accept the appointment as registered agentions of all statutes relative to the proper and igations of my possibly as registered agent activities to the change in the registered office at fin writing of this change.	it and agree complete per s provided fo ddress, I hero	to act form or in C eby co	in this ca ance of my Thapter 60 onfirm tha	pacity. I further agree to comply with the values, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Si	<u></u> gnatu	re of Registered Agent				

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