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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

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LLC REGISTERED AGENT CHANGE DWCO, LLC

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COVERLETTER
TO: Registration Section Division of Corporations
SUBJECT: DWCO, LLC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joshua Murphy
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, TX 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joshua Murphy 888 705-7274
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
□ \$25 Filing Fee & Certified Copy
INHS18 (2/14)

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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: DWCO, L		
_{2. (a)} 260 W. HUDSON AVE.	_(b) 260 W. HUDSON AVE.	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
ENGLEWOOD, NJ 07631	ENGLEWOOD, NJ 07631	
6/11/2020	L20000156168	
3. Date of filing/registration in Florida BLUMBERGEXCELSIOR CORPORATE S	4. Document number	
o. (a)		
Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DR., 18		
Registered Office Address (MUST BE FLORIDA STREET		
TALLAHASSEE	_{:L} 32301	
Pagistared Agent Solutions Inc	202	
(b) Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registers	rd Office address:	
time tame of the water that wheth more than the fact that	22 F	
155 Office Plaza Dr.	The state of the s	
NEW Registered Office Address:		
Suite A	AH COCK	
Tallahassee	_L 32301	
the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) sof the limited liability company or as otherwise provided in se limited liability company.	
/s/ Marc Jay Liebman	Marc Jay Liebman Authorized Person	
Signature of a member or authorized representative of a member	Printed or typed name of signee	
provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, notified in writing of this change.	gree to act in this capacity. I further agree to comply with the le performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been	
Signature of Registered Agent		