2/11/25, 4:08 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (614)573-3996 Fax Number

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 DG BITNOMIAL LLC

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FEB 1 2 2025

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. Na	me of the limited liability company: DG BITNOMIAL	. L.I.C		
2. (a)	16690 Collins Ave	16690 Ca	(b) 16690 Collins Ave	
. (u)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	#1103	#1103		
	Sunny Isles Beach, FL 33160	Sunny Isla	es Beach, FL 33100	
	08/28/2020	L20000269	2236	
3.	Date of filing/registration in Florida	4. ————————————————————————————————————	Document number	
5. (a)	JOHN KASTNER			
), (a)	Registered Agent and Registered Office shown on the records of 16690 Collins Ave	the Florida Dept, of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET) #1103	ADDRESS)	_	
	Sunny Isles Beach , FL	33160	_	
	C T Corporation System	202		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	APPROVED AND AND PILED FILED	
	NEW Registered Office Address;		- PROPERTY	
	1200 South Pine Island Road			
	Plantation , FL	33324		
the cha agent w was/we	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited limited the authorized by an affirmative vote of the members coles of organization or the operating agreement of the	the registered offic ability company, it of the limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
Simar	/s/ Joshna Diamond ure of a member or authorized representative of a member	JOSHUA DIAMORE	Printed or typed name of signce	
I herel provisi he obli to mere totified By: SEAN	by accept the appointment as registered agent and agrouns 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. If it is writing of this change. C. T. Corporation System I. FMERICK, ASSISTANT SECRETARY To of Registered Agent	ve to act in this vap performance of my d for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the	