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Division of Corporations

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From:

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Account Number : I20090000081 : (307)200-2803 : (855)330-1010 Fax Number

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## LLC REGISTERED AGENT CHANGE DBZ MED LLC

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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.

7 10/10		S 1 1	^				
L N	ame of the limited liability company: DBZ MEI	J LL	<u>.C</u>				
2. (a)	302 LAKE PARSONS GRN	(	(b) 302 LAKE PARSONS GRN				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	UNIT 205		UNIT 2	05			
	BRANDON, FL 33511	_	BRANDO	ON, FL 33511			
	09/21/20		L200002	288661			
3.	Date of filing/registration in Florida	4.		Document number	er		<del></del>
5 (n	SOKOL KALAVESHI						
5. (a	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State	- <u>-</u> :			
	302 LAKE PARSONS GRN						
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	UNIT 205						
	BRANDON .FL	3351	.1				
		-			7	<del>نے</del> ،	
(b)		Office address:		•		2020 OCT 13	
	Enter name of NEW Registered Agent and/or NEW Registered	Chince a	aaress.		후류 후류	)CT	
7901 4th St N					255 755 755	$\overline{\omega}$	
NEW Registered Office Address:				•		A	[1]
	STE 300				OF STATE	œ	
				-		သ 7	
	St. Petersburg , FL	3370	)2		-		
the chagent was/venthe ar	nature of a member or authorized representative of a member	the regability of the library limited Riemann	istered office company, it is mited liabilit I liability con ley Park	e and the business s hereby confirme y company or as company.  Primed or typed nor pacity. I further as	s office of that the otherwise me of sign	of the r he char se provi	registered age(s) ided in
the ol to me notiff	eovacters me appointment as registered agent and assistins of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	d for in hereby	Chapter 605 confirm that	5, F.S. Or, if this the limited liabili	docume ty comp	nt is be any ha	ing filed s been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent