L20000289566

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	to Filing Officer: OCT 13
	2027





900395148329

1811 2007 12 PH 12: (

RECEIVED





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/12/2022		
Name:		lker	_
Reference	#:17950	030	_
	ne:		FAB, LLC
☐ Arti	cles of Incorporation/	'Authorization	to Transact Business
Am	endment		
	ange of Agent		
☐ Rei	nstatement		
☐ Cor	nversion		
☐ Mer	rger		
Diss	solution/Withdrawal		
☐ Fict	itious Name		
Oth	er		
Authorized	Amount:	\$25	
Signature:	v	nw	

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/12/2022	
Name:	Merritt Walker	
	1795030	
	3:	DAM FAB, LLC
☐ Articl	es of Incorporation/Autho	rization to Transact Business
_	ndment	
	ige of Agent	
Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
Fictiti	ous Name	
Othe	r	
Authorized A	Amount: \$25	
Signature: _	mw	

F: 800.944,6607

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. N	ame of the limited liability company: DAM FAB, L	LC					
2. (a)	Principal office address of lamited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of (Note: MAY B)	f limited liabi	lity con	npany:
	No Change	_	No Cha				
	September 22, 2020		ι	_20000289566	i		
3.5. (a)		4. 		Document nur	mber		
·	Registered Agent and Registered Office shown on the records of the 1317 CALIFORNIA STREET Registered Office Address (MUST BE FLORIDA STREET A			le: 			
	TALLAHASSEE , FL	32304		-	SEC	2022 OCT 12	
(b)	COGENCY GLOBAL INC.				LAHASSI	0CT	
(11)	Enter name of NEW Registered Agent and/or NEW Registered (Office ado	ress:	-	SSE	2	
	115 North Calhoun St., Suite 4			_		AM 11: 45	
	NEW Registered Office Address:			_	· ·	- - -	9
	Tallahassee .FL	32301		_			
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the l	the regis bility co f the lim	tered offic- mpany, it i ited liabilit	e and the busing is hereby confir ty company or a	ess office of med that the	of the re cha	registered nge(s)
	ulie Gracz		Gracz				
Sign	ature of a member or authorized representative of a member			Printed or typed	name of sign	cc	
provis the ob to mei notific	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided why reflect a change in the registered office address. I had in writing of this change. ean Honan	performa I for in C	ince of my hapter 60:	duties, and Lar 5, F.S. Or, if th	m familiar us documei	with a nt is b	md accept eing filed

Signature of Registered Agent