## L20000383431

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g 3/27/2023

## **COVER LETTER**

TO: Registration Section Division of Corporations		
DGKC, LLC SUBJECT:		
	Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to th	e following:
Dominick Iuliano		
Name of Person	<u> </u>	<del></del>
DGKC, LLC		
Firm/Company		<del></del>
1525 Berwick Road		
Address		<del></del>
Jacksonville, FL 32207		
City/State and Zip Code		
Kristy.iuliano@comcast.net		
E-mail address: (to be used for future annual r	report not	ification)
For further information concerning this matter, plea	ise call:	
Kristy Iuliano	904 .t (	234-6097
Name of Person	`\	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:	
\$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

Na 2. (a)	3853 Hendricks Avenue, Jacksonville, FL 32207	(b) 1525 Berwick Rd, Jacksonville, FL 32207					
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (~	,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		_					
	12/08/2020		L20000383	431			
i. i. (a)	Date of filing/registration in Florida  Dominick Iuliano	4.		Document nui	mber		
. (a)	Registered Agent and Registered Office shown on the records of the 1525 Berwick Rd, Jacksonville, FL 32207	- e:	C/	2			
	Registered Office Address (MUST BE FLORIDA STREET A 3853 Hendricks Ave	DDRESS	0	TALL		023 JAN 23	esegrin B ess
(b)	Jacksonville, FL	32207		_	<u>-</u> 法		5
	Kristy Iuliano  Enter name of NEW Registered Agent and/or NEW Registered of NEW Registered Agent and/or NEW Registered Agent	Office ad	dress:	-	LA AXSEE FI	PH 3: 5	
	Kristy Iuliano		<u></u>		י היו	45	
	NEW Registered Office Address:	_		-			
	3853 Hendricks Ave		· <del>-</del>	_			
	Jacksonville , FL	32207		_			
hange igent v vas/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lim imited l	ed office and impany, it is aited liability	d the business s hereby confir y company or a npany.	office of med the	of the rat the o	registered change(s)
Siona	ture of a member or authorized representative of a member			Printed or typed	name of	signee	<u>.</u>
l horo	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided elv reflect a change in the registered office address, I had in writing of this change	ee to act perform for in C ereby co	in this cape ance of my t Chapter 605 onfirm that i	acity I further	r noree	to con	nply with the th and accepts s being filed to has been

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

Signature of Registered Agent