## Florida Department of State Division of Corporations Plaction of Hilling Covershale On the Covershale Division of Covershale Division of Covershale On the Cove

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C. BRUMBLEY
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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.

Florida.		·				
1. Name of the limited liab	ility company: DIMLOF	R LLC		7		
<sub>2. (a)</sub> 7901 4th St N 3	STE 300	(b	, 7901 4tl	h St N ST	E 300	
Principal office a	ddress of limited liability company: ST BE STREET ADDRESS)	•	M	ailing address of ( <u>Note: MAY BI</u>	limited liability	
St. Petersburg	, FL 33702		St. Pete	rsburg, Fl	_ 33702	
01/19/2021				0034633	 3	
	g/registration in Florida	4.		Document nui		
EIGHMAN GE	EGORY R, ESQ.					
.). (U)	gistered Office shown on the records of	of the Florida	Dept. of State:			
•	STREET, SUITE 204					
Registered Office Addre		T ADDRESS	)			
		_			-	20:
AVENTURA		33180	)			F 11. 2022 APR 13
		`L				N I
(1))	Agents Inc.					
Enter name of NEW Re-	sistered Agent and/or NEW Register	ed Office ad	<u>dress</u> :			E W
7901 4th S	t N		<u> </u>		·	E CO
NEW Registered Office	Address:					į.
STE 300						•
St. Petersh	ourg	<sub>L</sub> 33702	2			
the change or changes are nagent will be identical. Or, was/were authorized by an the articles of organization  Signature of a member or authorized by accept the appoint provisions of all statutes re	any is not organized under the lade, the Florida street address in the case of a Florida limited affirmative vote of the members or the operating agreement of the district of the proper and complete on as registered agent as proving the registered office address, and agent	liability c s of the lim he limited  Ril  Igree to ac the perform	ompany, it is nited liability liability comey Park	Printed or types acity. I furthe futies, and I a	rmed that the as otherwise I name of signer or agree to committee the committee of the comm	e change(s) provided in  e  omply with the with and accept is being filed

Bill Havre - Assistant Secretary

Signature of Registered Agent