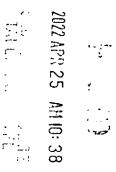
## 121000090715

(Re	questor's Name)		
(Ad	dress)		
(Address)			
(Cit	ty/State/Zip/Phone	<del>=</del>	
PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
BEQUEST FUNDS LLC SUBJECT:	
	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
TIFFANY MUNEIO	
Name of Person	<del></del>
BEQUEST FUNDS LLC	
Firm/Company	<del></del> -
2 N TAMIAMI TRAIL STE 710	
Address	
SARASOTA, FL 34236	
City/State and Zip Code	
TIFFANY@TANDCINC.COM	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call	1:
TIFFANY MUNEIO 941 at (	
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 amount:	
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy

## 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	ame of the limited liability company:	DS LLC	,	
2. (a)	2 N TAMIAMI TRAIL STE 710		(b) 2 N TAMI	AMI TRAIL STE 710
()	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	SARASOTA FL 34236		SARASOT	'A FL 34236
	02/23/2021		L210000907	715
	Date of filing/registration in Florida	4.		Document number
. (a)	RACHEL A HEATH			
. (4)	Registered Agent and Registered Office shown on the records of 2 N TAMIAMI TRAIL STE 710	the Flo	rida Dept, of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	<u>:cs)</u>	2022 APR
	SARASOTA , F	3423 <i>6</i> L		- 2
(b)	TIFFANY MUNEIO			5 .
(1)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:	AH 10: 3
	2 N TAMIAMI TRAIL STE 710			3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
	NEW Registered Office Address:			_
	SARASOTA , F	3423 <i>(</i>	1	_
hange igent v vas/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist ability of the	ered office and company, it is limited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
		S	HAWN MUNE	
Signa	ture of a member or authorized representative of a member		<u> </u>	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent