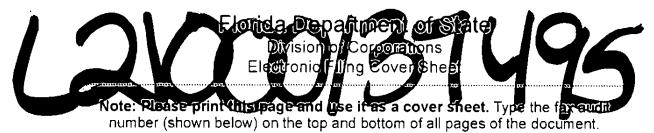
4/18/23, 11:01 AM

Division of Carporations



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : INCORP SERVICES INC

Account Number: 120120000007 Phone : (702)866-2500 , Fax Number : (702)900-2290

> **Enter the email address for this business entity to be used for future annual repart mailings. Enter only one email address please.**

Email Address: documents@incorp.com

LLC REGISTERED AGENT CHANGE **DOLEZEL GROUP LLC**

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COVER LETTER

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TO:	Registration Sec Division of Corp				¥		
SUBJ	ECT: Dolezel Group LLC						
			Name of Lir	nited i.ii	ability Company		
Dear	Sir or Madam:						
The e	nclosed Registered	Agent/Registered	Office Char	ge and f	fee(s) are submitted for filling.		
Pleas	e return all correspo	ondence concernin	g this matter	to the fo	ollowing:		
		Kathy Shin					
		Name of Person					
	InC	orp Services, Inc	<u>).</u>				
		Firm/Company					
	3773 Howard	Hughes Pkwy,	Suite 500S		_		
		Address					
		gas. NV 89169-			<u> </u>		
	City	/State and Zip Cod	de				
	docu E-mail address: (10	ments@incorp.c be used for future		et notific	cation)		
For fi	inher information o	concerning this ma	tter, please e	call:			
InCo	rp Services, Inc. /	Kathy Shin	at (800	246-2677		
	Name of	Person			Area Code & Daytime Telephone Number		
	Mailing Addre Registration Se Division of Co. P.O. Box 6327 Tallahassee, FI	ction rporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a cl	eck for the follow	ving amoun	ŧ:			
	S25 Filing Fe	e		□ \$5	5 Filing Fee & Certified Copy		
INHS	18 (2/14)				H23000144769 3		

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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.

1. N	Tame of the limited liability company: Dolezel Group	LLC	
2. (a)	441 Indian Village Trail Tallahassee, FL 32304 Principal office address of limited liability company (Note, MUST BE STREET ADDRESS)	(h) <u>441 Ind</u>	lian Village Trail Tallahassee, FL 32304 Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
3.	03/24/2021 Date of filing/registration in Florida	<u>L210001</u>	37495 Document number
5. (a			_
	Registered Agent and Registered Office shown on the records of 336 East College Ave. Suite 301 Registered Office Address (MUST BE FLORIDA STREET A		
(1.)	Tallahassee FL.	32301	2023
(b)	Enter name of NEW Registered Agent and/or NEW Registered 3458 Lakeshore Drive	Office address	—————————————————————————————————————
	NEW Registered Office Address		PH 12: 11
	Tallahassee	,32312	_
the chagent was/w the ar Sign I here provise the obto iner	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 liberer authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the autre of a member of the case of all statutes relative to the proper and complete organizations of my position as registered agent as provided rely reflect a change in the registered office address. The standard of this change.	the registered officability company, it of the limited liability control limited liability control Teague Dole	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. Perel Printed or typed name of signee thereby A further agree to comply with the
	Louise Breytenbach o	on behalf of InC	Corp Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314