## L 21000191602

(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.					
J. HORNE					
J. HORNE APR 1 5 2024					

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
DAS Imports USA SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Daniel Salvatore	
Name of Person	<del></del>
Firm/Company	
12890 SW 8th Court	
Address	
Davie, FL 33325	
City/State and Zip Code	
danybordeaux@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Daniel Salvatoreat	·
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 amou	ınt:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy



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.

l. N	ame of the limited liability company:  DAS Imports USA	١			
2. (a)	12890 SW 8th Court		(b) 12890 SW 8th Court		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Davie, FL 33325	<del>_</del>	Davie, F	FL 33325	
	06/26/2021		L2100019	91602	
3. 5. (a)	Date of filing/registration in Florida  Daniel Salvatore	4.		Document number	
/ (a)	Registered Agent and Registered Office shown on the records of t 12890 SW 8th Court	he Flori	da Dept. of S	tale:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<b>202</b>	
	Davie, FL	33325		F 1 2024 MAR 2 350 R6 13 361 A443	
(b)	Andrea Trout			TLED 25 PM	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			PH 12:	
	12890 SW 8th Court			20 20	
	NEW Registered Office Address:	-		<del></del>	
	Davie FL.	33325			
hange igent v vas/we	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 liabere authorized by an afternative vote of the members of icles of organization or the operating agreement of the liabere are authorized by an afternative vote of the members of icles of organization or the operating agreement of the liability and the liability of the liability	s of th registe bility of the li- limited	red office a company, it mited liabil	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi he obl o mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to ac perform for in ereby c	et in this ca nance of m Chapter 60 confirm tha	spacity. I further agree to comply with the y duties, and I am Jamiliar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
Signatu	Andre Jonatore Agent				

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