Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number

: (855)330-1010

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

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LLC REGISTERED AGENT CHANGE DMARKETING USA LLC

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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.

l. Na	ime of t	the limited liability company: DMARK	ETING	USA LL	C		
2. (a)		WELSON RD	(b)				
(u)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ORL	ANDO, FL 32837					
	05/24	1/2021		210002406	641		
3.		Date of filing/registration in Florida	4.	Docu	ment number		
5. (a)	JIME	NEZ, CATALINA					
J. (u)	Registe	red Agent and Registered Office shown on the records	of the Florida I	Dept. of State:			
	133	3 WELSON RD					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					2021	
	ORI	LANDO	_{FL} 32837		AHAS	2021 JUN - 4 PM 12: 43	<u>—</u>
(b)	Reg	gistered Agents Inc.			1338 40.23	₽ P	FILED
()	Enter n	ame of NEW Registered Agent and/or NEW Register	red Office add	ress:	FLORI	<u>:</u>	
	790	01 4th St N			Ş	43	
	NEW	Registered Office Address:					
	STE	E 300					
	St.	Petersburg	_{FL} 33702				
the ch agent was/w the art	ange or will be ere auti ticles of	liability company is not organized under the changes are made, the Florida street address identical. Or, in the case of a Florida limited horized by an affirmative vote of the member organization or the operating agreement of the street of	of the regist Hiability corrs of the limi the limited li	ered office and npany, it is here ted liability con	the business office of the confirmed that the opany or as otherwise	e chan	gc(s)
Sign	ature of a	member or authorized representative of a member			ed or typed name of signe	ee	
I here provis the obto met notifie	eby according of objections of objection of the will be the control of the contro	ept the appointment as registered agent and all statules relative to the proper and complets of my position as registered agent as provided a change in the registered office addressifting of this change. Bill Havre - Assist	agree to act ele performa ided for in C , I hereby co cant Secret	hapter 605, F.S. ufirm that the li	I further agree to co s, and I am familiar s . Or, if this documen mited liability compo	omply with ar at is be any ha.	with the ad accep ing filed x been
Signat	ure of Re	egistered Agent					