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Division of Corporations

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## LLC REGISTERED AGENT CHANGE D. IAFRATE CAPITAL, 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 understand 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	ame of the limited liability company: D. IAFRATE	CAPITA	L, LLC	
			Moiling address of limited liability company:	
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<b>\</b>	Mailing address of limited liability company: (Note: MAY SE POST OFFICE BOX)	
	855 28TH STREET SOUTH	<u></u> _	855 28TH STREET SOUTH	
	ST. PETERSBURG, FL 33712		ST. PETERSBURG, FL 33712	
	05/25/2021 (Effective Date: 03/20/2013)		L21000244270	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
. (	Registered Agent and Registered Office shown on the records of	if the Florida	Dept. of State:	
	KIRKWOOD, PETER T		<del> </del>	
	Registered Office Address (MUST BE FLORIDA STREET	<u> AUDRESS</u>	1	
	601 BAYSHORE BOULEVARD, SUITE 700		<u> </u>	
	TAMPA, F	L 330	606	
(b)	Enter name of NEW Registered Agent and/or NEW Registere			
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	iresy:	
	MATTHEW L. EVANS			
	NEW Registered Office Address:		`	
	101 E KENNEDY BOULEVARD, SUITE 3700	)		
	TAMPAF	L33	602	
change agent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members cless of organization or the operating agreement of the	iws of the Se registered in the Second Interest in the Second Intere	State of Florida, it is hereby confirmed that after the d office and the business office of the registered appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
كالم	h Shut		Dominic lafrate, Sr., Manager	
	ture of a moniber or authorized representative of a member		Printed or typed name of signey	
l herel provisi the obli to mere notified	by accept the appointment us registered agent and agens on sof all statutes relative to the proper and complete iguitions of my position as registered agent as provide by reflect a change in the registered office address. If in writing of this change.  Matthum L. Game	ree to act i performa ad fur in Ci hereby coi	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and occept hapter 603, F.S. Or, if this document ts being filed of the the limited liability company has been	
Signatu	re of Registered Agent			

Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 F1LING FEE: \$25.00