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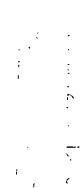
(Requestor's Name)					
(Address)					
` '					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER					
	istration Section ision of Corporations		•		
SUBJECT:	DMX, LLC	·			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limited I	iability Company		
Dear Sir or l	Madam:				
The enclose	d Registered Agent/Registered	Office Change and	I fee(s) are submitted for fi	ling.	
Please return	n all correspondence concerning	g this matter to the	following:		
Keyona Hop	kins				
	Name of Person				
Agile Legal					
	Firm/Company				
651 N. Broad	1 St. Ste 308				
	Address			;	
Middletown,	DE 19709				
	City/State and Zip Coo	le			
Compliance@	@agilelegal.com			, r	
E-mail	address: (to be used for future	annual report noti	fication)	1	
For further i	nformation concerning this man	tter, please call:			
Keyona Hopl	kins	302- at (376-6710		
	Name of Person		Area Code & Daytime	Telephone Number	
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 delahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the follow	ring amount:			
s	25 Filing Fee	□ \$	☐ \$55 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.

1. Na	nme of the limited liability company: DMX, LLC			
2. (a)	172-75 Collins Ave., Apt. 705	(b)	172-75 Collins Ave., Apt. 705	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(~)	Mailing address of limited liability of the May BE POST OFFICE	
	Sunny Isles Beach, FL 33160	_	Sunny Isles Beach, FL 33160	
		_		
7			L21000285 624	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)			10	
	Registered Agent and Registered Office shown on the records of 172-75 Collins Ave Apt 705	the Florida	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDDECC)	<u> </u>	
	Registered Office Address MOST BE PLORIDA STREET A	<u>iddressj</u>	<u>n</u>	
	Sunny Isles Beach FL	33160		
(b)	Universal Registered Agents, Inc.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dress:	
	1317 California Street			
	NEW Registered Office Address:			
	Tallahassee FL	32304		-
change agent v was/we the arti	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 liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered bility cor If the limi	ed office and the business office of the re ompany, it is hereby confirmed that the cl nited liability company or as otherwise pr	gistered hange(s)
	Keyona Hopkins ture of a number or authorized representative of a member		Keyona Hopkins	
			Printed or typed name of signee	
provisi the obl to mer	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. If d in writing of this change.	ee to act i performa I for in Ci iereby coi	in this capacity. I further agree to compance of my duties, and I am familiar with Thapter 605, F.S. Or, if this document is onfirm that the limited liability company	ity with the and accept being filed has been