## L21000393246

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CORPORATION SERVICE COMPANY

1201 Hays Street

. . . . . ,

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000019	95
	REFERENCE	:	348915	8137683
	AUTHORIZATION	:	\$ 125.00	erado
	COST LIMIT	:	\$ (25.00	
ORDER DATE :	January 12, 2023			
ORDER TIME :	2:32 PM			
ORDER NO. :	348915-070			
CUSTOMER NO:	8137683			

## CHANGE OF AGENT

NAME: RO FAIRWINDS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_

## 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	ame of the limited liability company:	DS, LLC					
2 (a)		(	b)				
<b>-</b> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· — —	Mailing address of	ing address of limited liability company:		
	901 W. WALNUT HILL LANE		901 W. WALNUT HILL LANE				
	IRVING, TX 75038						
	09/03/2021		L2100039	93246			
3.	Date of filing/registration in Florida	4.		Document nur	mber		
5 (a)							
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of St	 ate:			
	CAPITOL CORPORATE SERVICES, INC.				2023 SEI		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				ALLE OF THE SERVICE O		
	515 E PARK AVE 2ND		FIL 2023 JAN 19 SECRETAR TALLAH				
	TALLAHASSEE . F	32301			~ " - 4" u : #27"		
		L		_	AMIO: 22 OF STATE SSEEL FI		
(b)							
(0)	Enter name of NEW Registered Agent and/or NEW Registered		idress:	<del></del>			
	Corporation Service Company		. <u>.</u>	_			
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee F	32301					
hange igent v vas/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the ne register liability co	ed office a ompany, it nited liabili	nd the business of is hereby confirmity company or a	office of the registered med that the change(s)		
	<u> Xie E. Cilnie</u>	Jill	Jill Cilmi, Authorized Person				
Signa	ture of a member or authorized representative of a member			Printed or typed	name of signee		
I here provisi he obl to merc totified	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing at the proper and completing as the proper and completing at the proper and completing as providely reflect a change in the registered office address, I din writing of this change.	gree to act e perform led for in ( I hereby co	t in this cap ance of my Chapter 60 onfirm that	pacity. I further duties, and I an 15, F.S. Or, if th t the limited liab	agree to comply with the n familiar with and accept is document is being filed ility company has been		
	nce t-Kubi						
Signatu Grace	re of Registered Agent E. Kirby, Asst. Vice President						

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