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| Special Instructions to | Filing Officer: | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | • | | · | | |
|--|-------------------|--|--------------|-----------|----------------|
| DPMG CONSULTING LLC SUBJECT: | | | | | |
| | une of Limited 1 | Liability Company | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Of | ffice Change and | fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning t | his matter to the | following: | | | |
| JUAN PINTO | | | | | |
| Name of Person | | | | | |
| | | | _ | 20 | |
| Firm/Company | | <u> </u> | • | 2022 DEC | :- |
| 7901 HISPANOLA AVE APT 1709 | | | | 9-3 | · · |
| Address | | | | | |
| NORTH BAY VILLAGE, FL, 33141 | | | · - | PH 12: 5 | |
| City/State and Zip Code | | | | _ | |
| DPINTO@DPMGTECH.COM | | | | | |
| E-mail address: (to be used for future ar | nual report noti | fication) | ξn | 2 | |
| For further information concerning this matte | r, please call: | | INLI ECRE | 023 MA | • • |
| JUAN PINTO | 754 at (| 3028426 | | R 20 | TOTAL SERVICES |
| Name of Person | | Area Code & Daytime Telephor | ie Number | Ħ | 1 |
| 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 Tallahassee, FL 32303 | 2810 | AM II: 18 | |
| Enclosed is a check for the followin | g amount: | | | | |
| □ \$25 Filing Fee | | 555 Filing Fee & Certified Copy | | | |

INHS18 (2/14)



March 1, 2023

JUAN PINTO 7901 HISPANOLA AVE., APT 1709 NORTH BAY VILLAGE, FL 33141

SUBJECT: DPMG CONSULTING LLC

Ref. Number: L21000396124

We have received your document for DPMG CONSULTING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$55.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 523A00004841

Diane Cushing Senior Section Administrator

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 | me of the limited liability company: DPMG CONSUL | DPMG CONSULTING LLC | | | |
|---|---|---|--|---|--|
| 2. (a) | 7901 HISPANOLA AVE APT 1709 | (b) | | | |
| ` , . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | NORTH BAY VILLAGE, FL, 33141 | | | | |
| | | | | <u> </u> | |
| | September 07, 2021 | 1.3 | 210003961 | 124 | |
| 3. 5. (a) | Date of filing/registration in Florida CHEYENNE MOSELEY | 4. | | Document number | |
| (a) | Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATIONS AGENTS INC | the Florida D | ept, of Stat | de: | |
| | Registered Office Address (MUST BE FLORIDA STREET) 5575 S. SEMORAN BLVD. 36 | (ADDRESS) | | _ | |
| | ORLANDO, FL | 32822 | | _ | |
| (b) | JUAN PINTO | | | 20 ; | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office addr | ess: | | |
| | 7901 HISPANOLA AVE | | | R 20 | |
| | NEW Registered Office Address: | | | | |
| | APT 1709 | | | | |
| | NORTH BAY VILLAGE, FL | 33141 | | - 8 | |
| change agent v was/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 lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | registered ability com of the limited limited lial | office an pany, it is ed liability con | id the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in | |
| . (| ture of a member or authorized representative of a member | JUAN | PINTO | Printed or typed name of signee | |
| I herel provisi the obl to mere notifie | by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change. | performan d för in Ch | ce of my o anter 605 | acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed | |