## 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 : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE DKP GAMING 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. Ni	ume of the limited liability company: DKP Gan	ning	LLC	
2. (a)		(b	o)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		<del></del>		
	12/06/2021		L21000!	
3.	Date of filing/registration in Florida	4		Document number
5. (a)	HEINRICHS, DEREK R			_
	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	e.
				_
	Registered Office Address (MUST BE FLORIDA STREET A.	<u>DDRESS</u>	)	
	3296 HORSESHOE TRAIL			-
	TALLAHASSEE FI	32312	2	FAN S
(b)	Registered Agents Inc.			FIL <b>2021 DEC 1 O</b> SELATIVA ALLAHASSE
(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	iress:	FILE IC 10 IASSE
	7901 4th St N			
	NEW Registered Office Address:			PH 1: 06 of STATE of Lorid
	STE 300			OS AE ABA
	St. Petersburg	33702		•
he cha igent w vas/we	mited liability company is not organized under the law; nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	s of the he regis pility co	State of Flot tered office mpany, it is ited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
	R. Lung Tank	Rile	y Park	
	ure of a member or authorized representative of a member			Printed or typed name of signee
rovisio he obli o mere	y accept the appointment as registered agent and agreems of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.  Bill Havre - Assistant	erforma for in C ereby co	ince of my of hapter 605 infirm that i	acity. I further agree to comply with the futies, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent