LDD 00019144

(Requestor's Name)
(Address)
(Address)
(
10.10.10.10.10
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootine Hamber)
Certified Copies Certificates of Status
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088 Date: December 15, 2022 James Brodbeck Name:_ 1861213 Reference #:___ Entity Name: DIGITAL CUTTING SOLUTIONS, LLC Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitous Name Other

Authorized Amount: \$25.00

Signature:

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.

2 (a)	2025 SW 20th Street	(b) 2025 SV	V 20th Street		
~ (11)	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Mading address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	Bay 101	Bay 101			
	Fort Lauderdale, Florida 33315	Fort Landerdale, Florida 33315			
	January 10, 2022	1.2200001	9]44		
3 5. (a)	Date of filing registration in Florida Barry A. Diamond	4.	Document number		
(d)	Registered Agent and Registered Office shown on the records of 5541 N. University Drive		ate		
	Registered Office Address (MUST BE FLORIDA STREE) Suite 103		_		2022 DEC
	Coral Springs, F	L	_		<u> </u>
	Cogency Global, Inc.				₽.
	hnter name of NEW Registered Agent and or NEW Registers	d Office address		-	= 3
	115 North Calhoun Street		_	<u>, </u>	AH 11: 03
	NEW Registered Office Address				
	Suite 4		_		
	Tullahassee F	L	_		
change agent v was we the arti	imited liability company is not organized under the later conchanges are made, the Florida street address of the All be identical. Or, in the case of a Florida limited leter authorized by an affirmative vote of the members teles of organization or the operating agreement of the	e registered office a lability company, it of the limited liabil	nd the business office of is hereby confirmed that ity company or as othery	the regi	istered .nge(s)
	ture of a member or authorized representative of a member	Thomas McGe	wan	_	
			Printed or typed name of s	_	
provisi the obl to mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complete teations of my position as registered agent as provide Ay reflect a change in the registered office address, I I or writing of this change.	gree to act in this ca s performance of me ed for in Chapter 60 hereby confirm tha	pacuv. I further agree to duties, and I am familio 15, F.S. Or, if this docur t the limited liability con	o comply ar with a nent is b npany hi	with the ind accept seing filed as been
/s/Er Signatu	ric Hood re of Registered Agent				

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