(Requestor's Name)
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(City/State/Zip/Phone #i
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/01/2023					
	Jennifer Bialowas	<u></u>				
Reference #	1976107	<u></u>				
Entity Name	DIGITAL CUTT	ING SOLUTIONS, LLC				
	es of Incorporation/Authorizatio					
Amendment						
✓ Change of Agent						
Reinstatement						
Conversion						
☐ Merger						
☐ Dissolution/Withdrawal						
Fictitious Name						
Other						
Authorized A	Amount: 25.00					
Signature: _						

F: +852.2682.9790

*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:	DIGI	ITAL CUTTING SOLUTIONS, LLC	
,	(a)		(1	(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)	
		2025 SW 20TH STREET BAY 101	_	2025 SW 20TH STREET BAY 101	
		FT. LAUDERDALE, FL 33315	_	FT. LAUDERDALE, FL 33315	
		01/10/2022		L22000019144	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	DIAMOND, BARRY A			
	(-)	Registered Agent and Registered Office shown on the records of th	e Florid	da Dept. of State:	
		5541 N. UNIVERSITY DRIVE 103			
		Registered Office Address (MUST BE FLORIDA STREET AD	DDRES.	2027 HAY	
				HA	
		Coral Springs 171	3	33067	
		Coral Springs Fil			
	(b)	Cogency Global Inc.		₽	
	(-,	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	ddress:	
				, 1	
		115 North Calhoun Street, Suite 4			
		NEW Registered Office Address:			
		Tallahassee , FL	3	32301	
					
the ag wa	e cha ent v is/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regi fility co the lin	istered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in	
Thomas McGowan Signature of a member or authorized representative of a member				Thomas McGowan	
Signature of a member or authorized representative of a member				Printed or typed name of signee	
pr the to no	ovisi 2 obl mere tifieg	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had I in writing of this change.	e to ac erform for in reby c	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been	
Si	gna/u	of Registered Agent			

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