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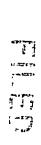


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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DMH Investment Partners, LLC	
Name of Lii	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	Name of Limited Liability Company  It/Registered Office Change and fee(s) are submitted for filing.  Ite concerning this matter to the following:  Of Person  Company  217  Tress  43  and Zip Code  Ogmail.com  ed for future annual report notification)  ning this matter, please call:  at ( 786 ) 409-0803  Area Code & Daytime Telephone Number  Street Address: Registration Section Division of Corporations The Centre of Tallahassee  14  2415 N. Monroe Street, Suite 810  Tallahassee, FL 32303
Please return all correspondence concerning this matter	to the following:
Becky Greenfield	
Name of Person	
Wolfe Pincavage, LLP	
Firm/Company	<del></del>
7800 SW 57th Ave., Suite 217	
Address	
South Miami, Florida 33143	<u> </u>
City/State and Zip Code	
dominicjosephsirianni@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	all:
Becky Greenfield at (	786 ) 409-0803
Name of Person	
Mailing Address:	Street Address:
Registration Section	· · · · · · · · · · · · · · · · · · ·
Division of Corporations	Division of Corporations
P.O. Box 6327	
Tallahassee, FL 32314	·
Enclosed is a check for the following amount	;
□ \$25 Filing Fee	

## 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:DMH Inves	stme	nt Partn	ners, LLC
2. (a	a)	102 NE 2nd Street		(b)_	102 NE 2nd Street
Ì		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-/-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Unit 339		-	Unit 339
		Boca Raton, FL 33432		_	Boca Raton, FL 33432
		02/09/2022			I.22000068421
3.		Date of filing/registration in Florida		4.	Document number
5. (	a)	Corporation Service Company			
		Registered Agent and Registered Office shown on the records	of the	Florida De	Dept. of State;
		1201 Hayes Street			
		Registered Office Address (MUST BE FLORIDA STREE	TAD	DRESS)	2022   SECT
		Tallahassee	FL_	32301	SECRETAS
(1	b)	GSF Group, LLC			
		Enter name of NEW Registered Agent and/or NEW Register	red Q	ffice addre	ress:
		433 Plaza Real			
		NEW Registered Office Address:			
		Suite 351			
		Boca Raton,	FL_	33432	2
char ager was/ the a	nge nt w we artic	or changes are made, the Florida street address of the first of the street address of the first of the street address of the street authorized by an affirmative vote of the members of organization or the operating agreement of the street authorized representative of a member of a m	he re liabi s of t	gistered of lity composite the limited nited liab	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.  Dominic Sirianni
I he prov the c to m	ret isio obli gre	by accept the appointment as registered agent and a consol of all statutes relative to the proper and completing attoms of my position as registered agent as providing the reflect a change in the registered office address. It is writing of this change.	gree Ie pe ded fi I hei	to act in rformanc or in Cha eby confi	Printed or typed name of signee on this capacity. I further agree to comply with the acceptive of my duties, and I am familiar with and acceptanted 605, F.S. Or, if this document is being filed firm that the limited liability company has been

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

Signature of Registered Agent