Laa00008ala94

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HOME				
NûV 2 8 2023				

Office Use Only



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2023 NOV 27 PM 3: 0

DBAIBOBR

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 11/27/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1200460

ORDER ENTITY
DJTDIMART LLC

PLEASE PERFORM THE FOLLOWING SERVICES: DJTDIMART LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Monday, November 27, 2023 Page Lof I

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI				
	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to th	e following:	
Sapphi	re Marquez			
	Name of Person			
SunDo	e Filings			
	Firm/Company	· .		
7801 F	olsom Blvd Ste 202			
	Address			
Sacram	nento CA 95826			
	City/State and Zip Code			
acloude	en@lmhspc.com			
E	-mail address: (to be used for future and	nual report not	ification)	
For fur	ther information concerning this matter,	please call:		
MARIO) DIMARTINO	781	9245982	
	Name of Person	\	Area Code & Daytime Telephone Number	
	Mailing Address:		Street Address:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following	amount:		
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	

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.

Name of the limited liability company: DJTdimart LI	.LC
(a) 1147 WESTERN COURSE LOOP	(b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	
RIVERVIEW, FL 33579	RIVERVIEW, FL 33579
02/25/2022	1.22000082697
Date of filing/registration in Florida	4. Document number
(a) SUNDOC FILINGS INCORPORATED	
Registered Agent and Registered Office shown on the recort	rds of the Florida Dept. of State:
3458 LAKESHORE DRIVE	
Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)
	23
TALLAHASSEE	_, FL_32312
United Agent Group Inc.	~
Enter name of NEW Registered Agent and/or NEW Regist	stered Office address:
801 US Highway I	93.
NEW Registered Office Address:	
North Palm Beach	
nge or changes are made, the Florida street address of nt will be identical. Or, in the case of a Florida limite	ne laws of the State of Florida, it is hereby confirmed that after the fifthe registered office and the business office of the registered ed liability company, it is hereby confirmed that the change(s) pers of the limited liability company or as otherwise provided in
(S/ MARIO DIMARTINO	MARIO DIMARTINO
gnature of a member or authorized representative of a member	Printed or typed name of signee
visions of all statutes relative to the proper and completenthe obligations of my position as registered agent (l agree to act in this capacity. I further agree to comply with the slete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability company
/ William Huser	

Signature of Registered Agent