LZZ000 12H 87Z

(Requestor's Name)					
(Address)					
(Address)					
(,					
(Cit	y/State/Zip/Phone	· #)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
					

Office Use Only



000441212180

(1) 14 88 PH 12: 14

2025 JAN 28 AM 9:00

75 IAM 28 AH 9:



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:	01/28/2025					
Name:	Ovidshel Occean Jr.					
Reference #	2632308					
		DSM18, LLC				
☐ Articl	les of Incorporation/Authoriza	tion to Transact Business				
Ame	Amendment					
Char	✓ Change of Agent					
Reins	statement					
☐ Conv	version					
☐ Merg	er					
☐ Disso	olution/Withdrawal					
☐ Fictit	ious Name					
☐ Othe	r					
Authorized A						
Signature: _	T. Buen Ju.					

COVER LETTER

SUBJECT:		DSM18, LLC			
	Name of Limited Liability Company				
Cear Sir or Madam:					
The enclosed Registere	ed Agent/Registered O	ffice Change and fee(s) are submitted for filing.			
Please return all corres	pondence concerning t	this matter to the following:			
	David Menche				
	Name of Person				
<u> </u>	Firm/Company				
3	3737 Collins Avenue				
	Address				
Mi	ami Beach, FL 33140				
Ci	ty/State and Zip Code				
	remenche@gmail.com				
E-mail address: (1	to be used for future ar	nnual report notification)			
or further information	concerning this matte	r, please call:			
\bigcap	Menohe	at (917) 716-7977			
Name o	of Person	Area Code & Daytime Telephone Numb			
STREET/COU	URIER ADDRESS:	MAILING ADDRESS:			
Registration Se		Registration Section			
Division of Cor Clifton Buildin		Division of Corporations P.O. Box 6327			
2661 Executive Tallahassee, Flo	: Center Circle	Tallahassee, Florida 32314			
Enclosed is a c	heck for the followin	g amount:			

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:	_	DS	M18, LLC
· ·	(a)	3737 Collins Avenue	(b)	3737 Collins Avenue
2. (u)	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Miami Beach, FL 33140			Miami Beach, FL 33140
		3/11/2022	_		L22000124872
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	David Menche			
	\- /	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat		te:	
		3737 Collins Avenue			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>22)</u>	_
					_
		Miami Beach , FL_		33140	2025 SEC TV
1	(b)	Cogency Global Inc.			2025 JAH 28 AM 9: 00 SEGRETARY OF STATE TALL AHASSEE, FL
(0)	Enter name of NEW Registered Agent and/or NEW Registered (-	
		115 North Calhoun Street, Suite 4			AH 9
		NEW Registered Office Address:	•	—•	THE PLANTE
		Tallahassee .Fl.		32301	_
the age was the S I he processed to 1 not	ignation of the control of the contr	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. Lie Tolliver Kristie Tolliver, Assistant Secretary	the replication the limited see to a perfor in the limited see the limited see to a performance see the limited se	gistered offic company, it mited liabil I liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Printed or typed name of signee
		rre of Registered Agent			