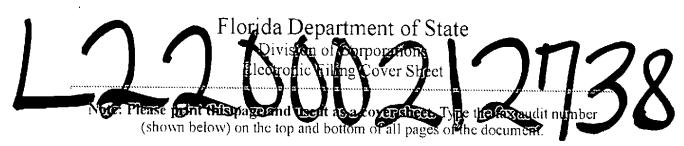
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Estimated address: documents@incorp.com

LLC REGISTERED AGENT CHANGE DIYK9, LLC

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M. SOLOMON

JUN 12 2024

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COVER LETTER

TO: Registration Section Division of Corporations	•						
CILID TITEVE.	DIYK9, LLC						
SUBJECT:Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the following:						
WendyHefley							
Name of Person							
InCorp Services, Inc.							
Firm/Company		2					
9107 West Russell Road Suite	100	24 JUH 12					
Address		112					
Las Vegas, NV 89148-1233		PH					
City/State and Zip Code		1: 28					
documents@incorp.com							
E-mail address: (to be used for future annu-	a report notification)						
For further information concerning this matter, p	lease call:						
Wendy Helfey	800-246-2677						
Name of Person	Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303						
Enclosed is a check for the following a	mount:						
☑ \$25 Filling Fee	☐ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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	ome of the limited liability company: DIYK9, LL	.C		
2. (a)	20421 SW 51ST STREET		(b) 2042	1 SW 51ST STREET
,	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)	y	(1)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	FORT LAUDERDALE. FL 33332		FORT	LAUDERDALE. FL 33332
	05/05/2022		L22000	212738
3.	Date of filing/registration in Florida	4	······································	Document number
5. (a)	WING, GARRET			
. (-,	Registered Agent and Registered Office shown on the recor	ds of the F	orida Dept. of S	itate
	20421 SW 51ST STREET			
	Registered Office Address (MUST BE FLORIDA STR	EET ADDI	<u>(ESS)</u>	
	FORT LAUDERDALE	_ FL	33332	24 JUN
(b)	InCorp Services, Inc.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Offic	e address	— <u>P</u> oc
	3458 Lakeshore Drive			1: 28 1: 28
	NEW Registered Office Address	***************************************		<u> </u>
	Tallahassee	. FL	32312	
the char agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limite reauthorized by an affirmative vote of the members of organization or the operating agreement of	ss of the i ad liabilit ers of the the limit	egistered off y company, i limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) hity company or as otherwise provided in ompany.
Signat	are of a member of authorized representative of a member	-		Frinted or typed name of signee
provișio he obli o ingre	ry accept the appointment as registered agent and ons of all statutes relative to the proper and comp gations of my position as registered agent as pro- ly reflect a change in the registered office addres is p writing of this change.	l agree to dele perfo vided for s, I hereb	act in this co ormance of m in Chapter 6 by confirm the	apacity. I further agree to comply with the ly duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been

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

Louise Breytenbach on behalf of InCorp Services, Inc.

Signature of Registered Agent