## L23000015644

(Requestor's Name)					
(Address)					
(Address)					
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(City/State/Zip/Phone #)					
(,,,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dosiness Entity Warre)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

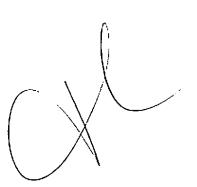
Office Use Only



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## COVER LETTER

Dispute Intervention and Prevention Sets SUBJECT:	ervices, LLC				
Name	of Limited L	iability 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:			
Saniantha Epstein					
Name of Person		<del></del>			
Dispute Intervention and Prevention Services, LLC					
Firm/Company		<del></del>			
100 SE 2nd St. Ste 2000				2	
Address		<del>_</del>	<u> </u>	023 01	,
Miami, FL 33131			ALI AHASSEE,	2023 OCT -2 AM 10: 36	
City/State and Zip Code			SSE.	2≥	: :: :: ::
samantha.epstein@disputeintervention.com			ine mas	<u>=</u>	Ÿ
E-mail address: (to be used for future annu	ial report noti	fication)		36	
For further information concerning this matter, J	please call:				
Samantha Epstein	610 at (	457-4017			
Name of Person	(	Area Code & Daytime Telepho	one Numbe	r	
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, Sui Tallahassee, FL 32303	te 810		
Enclosed is a check for the following	amount:				
■ \$25 Filing Fee	S55 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.

1. N	ame of the limited liability company:  Dispute Intervent	ion and l	revention Serv	ices, LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  100 SE 2nd St Ste 2000	(	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) St. Str. 2000
	Miami, FL 33131	<del></del>	Miami, FL 3	
	01/06/2023	_	L2300001564	.4
3.	Date of filing/registration in Florida	4.	Γ	Document number
	Registered Agent and Registered Office shown on the records of Samantha Epstein  Registered Office Address (MUST BE FLORIDA STREET 234 NW 86th St			
	El Portal, F	L_33150		<b>2023</b>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Samantha Epstein	d Office :	uldress:	ZOZ3OCT -2 AM 10: 36
	NEW Registered Office Address:			36
	100 SE 2nd St Stc 2000			
	Miami F	L_33131		
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registe iability of of the li e limited	ered office and company, it is mited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	ature of member of authorized representative of a member			Printed or typed name of signee
provi: the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I ded in writing of this change.	gree to a e perfori ed for in hereby	ct in this capa nance of my d Chapter 605, confirm that to	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signat	ture of Registered Agent			