## L23000192360

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Entity Name)
(Document Number)
Certified Copies Certificates of Status
<del></del>
Special Instructions to Filing Officer;
· · · · · · · · · · · · · · · · · · ·

Office Use Only



200410939392

08/27/23--01020--019 ++55.00

2023 JUN 27 AM II: 47

## **COVER LETTER**

TO:

INHS18 (2/14)

	Registration Section Division of Corporations		•
SUBJE	Dark Knight Ptoperties LLC		
SOBJE		lame of Limited Li	ability Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please r	eturn all correspondence concerning	this matter to the f	following:
Donna B	lloom		
	Name of Person		<del></del>
	Firm/Company		_
3322 SE	Clayton Street		
	Address		_ <del>_</del>
Stuart, F	T. 34997		
	City/State and Zip Code	2	
donna@	dynamicmetal.net		
E-	mail address: (to be used for future a	innual report notifi	cation)
For furt	her information concerning this matt	er, please call:	
Donna E	Bloom	561 at (	275-9977 )
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section 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 followi	ng amount:	
	☐ \$25 Filing Fee	<b>≥</b> \$5	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.

(a)	2951 SE Dominica Terrace	(	b) :	2951 SE E	Dominica Terrace			
(11)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	Stuart. Fl 34997	_	5	Stuart, FI	34997		<del></del> -	
	4/17/2023	-	1 7	3000192	360		<del></del>	. ,
	Date of filing/registration in Florida	4.	_		Document number	·r		
(a)	Donna Bloom					•		
	Registered Agent and Registered Office shown on the records of th	e Floric	ia D	ept. of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREET AI 2951 SE Dominica Terrace							
(b)	Stuart , FL <sup>3</sup>	4997					<b>N3</b>	
	Donna Bloom	ALLAR	<u>.</u>	2023 JUN 27	Ŧ			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> 3322 SE Clayton Street	<u>tss</u> :	mc »					
	NEW Registered Office Address:				FĽŐRIDA	0	AM 11: 47	
	Stuart, FL 3	4997			_			
ange ent v as/wo	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister ility c the lir mited	red om nite lial	office an pany, it i ed liabilit pility con	nd the business off is hereby confirme ty company or as o	ice d tl	of the	registered change(s)
	ture of a member or anthorized representative of a member	Jua ——	n N	lartinez	Printed or typed nar		£ ala.	
here:	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he	z to ac erforn för in	t in ian Che	this cap ce of my apter 602	pacity. I further as	ree	, to co	omoly with th

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

Signature of Registered Agent