

L23000342391

(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.

Who is ^{the} registrant?

Office Use Only



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09/24/24--01020--002 **25.00

2024 OCT 25 PM 6:55
TALLahassee, FL

TO: Registration Section
Division of Corporations

SUBJECT: DM SKY GROUP, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Moshe Man

Name of Person

Firm/Company

20046 NE 36 Place

Address

Aventura, FL 33180

City/State and Zip Code

moshe@correcthk.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Moshe Man

786

747-9911

at ()

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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

2023 OCT 25 11:03:56

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. Name of the limited liability company DM SKY GROUP, LLC

2. (a) 20046 NE 36 Place
 Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
Aventura, FL 33180

(b) 20046 NE 36 Place
 Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
Aventura, FL 33180

3. 7/19/2023
 Date of filing/registration in Florida

4. 1,230,003,423,91
 Document number

5. (a) Moshe Man
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State
20200 W Dixie Highway
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Suite 601
Miami, FL 33180

(b) Moshe Man *MM*
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
20046 NE 36 Place
 NEW Registered Office Address.
Aventura, FL 33180

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

MM Moshe Man
 Signature of a member or authorized representative of a member Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

MM
 Signature of Registered Agent

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2024

MOSHE MAN
20046 NE 36 PLACE
AVENTURA, FL 33180

SUBJECT: DM-SKY GROUP, LLC
Ref. Number: L23000342391



We have received your document for DM-SKY GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

WHAT IS THE NAME YOUR REGISTERED AGENT?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 524A00022264



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Division of Corporations

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