

# L23000381211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

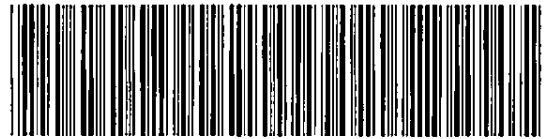
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DGM CAP 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:

Ayis Caperonis

\_\_\_\_\_  
Name of Person

DGM CAP LLC

\_\_\_\_\_  
Firm/Company

98 Permit Court

\_\_\_\_\_  
Address

Saint Augustine, FL 32092

\_\_\_\_\_  
City/State and Zip Code

ayiscaperonis@gmail.com

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

For further information concerning this matter, please call:

Ayis Caperonis

857

615-8186

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

**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. Name of the limited liability company: DGM CAP LLC
2. (a) 98 Permit Court, Saint Augustine, FL 32092  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) Permit Court, Saint Augustine, FL 32092  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 08/18/2023 Date of filing/registration in Florida
4. L23000381211 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
ZENBUSINNESS INC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
336 ECOLLEGE AVE SUITE 301  
TALLAHASSEE, FL 32301
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Ayis Caperonis  
NEW Registered Office Address:  
98 Permit Court  
Saint Augustine, FL 32092

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Ayis Caperonis  
Signature of a member or authorized representative of a member

Ayis Caperonis  
Printed or typed name of signee

*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.*

Ayis Caperonis  
Signature of Registered Agent