

L23000441184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

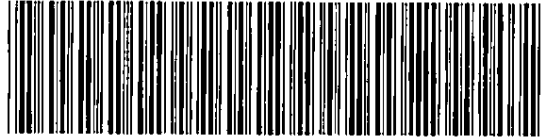
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2023 OCT 23 PM 4: 36

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DMS TRADING, 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:

ROBERTO SAEKI

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

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

6170 NW 74TH AVE

\_\_\_\_\_  
Address

MIAMI, FL 33166

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

ROBERTOSAEMI@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERTO SAEKI

305 9037061  
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

*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.*

2. (a) 16343 MALIBU DR, WESTON, FL33326  
Principal office address of limited liability company:  
(Note: ***MUST BE STREET ADDRESS***)

(b) 16343 MALIBU DR, WESTON, FL33326  
Mailing address of limited liability company:  
(Note: ***MAY BE POST OFFICE BOX***)

|  |                           |
|--|---------------------------|
| 09/22/2023                                       | L23000441184              |
| 3. <u>Date of filing/registration in Florida</u> | 4. <u>Document number</u> |

16343 MALIBU DR, WESTON, FL33326

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Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

16343 MALIBU DR, WESTON, FL33326

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\_\_\_\_\_, FL \_\_\_\_\_

**NEW** Registered Office Address:  
6170 NW 74TH AVE  
MIAMI, FL 33166

Signature of a member or authorized representative of a member \_\_\_\_\_ SILVIA KAWAMURA  
Printed or typed name of signer \_\_\_\_\_

Signature of Registered Agent

INHS18 (2/14)