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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	DMS TRADING, LLC Name of Limited Liability Company					
SOBJECT						
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Office Chan	age and fee(s) are submitted for filing.				
Please return	all correspondence concerning this matter	r to the following:				
ROBERTO S	AEKI					
	Name of Person					
	Firm/Company					
6170 NW 747	TH AVE					
	Address					
MIAMI, FL 3	33166					
	City/State and Zip Code					
ROBERTOSA	AEKI@GMAIL.COM					
É-mail	address: (to be used for future annual repo	ort notification)				
For further in	nformation concerning this matter, please c	call:				
ROBERTO S	AEKI 36	9037061				
	Name of Person	Area Code & Daytime Telephone Number				
Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Encl	losed is a check for the following amount	t:				
₽ Si	25 Filing Fee	S55 Filing Fce & Certified Copy				
INHS18 (2/14))					

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.	Na	me of the limited liability company: DMS TRADING.	DMS TRADING. LLC					
2	(a)	16343 MALIBU DR, WESTON, FL33326		(b) 16343 MALIBU DR, WESTON, FL33326				
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)			
3.		09/22/2023 Date of filing/registration in Florida		L23000441	184 Document number			
	(a)	ROBERTO SAEKI						
	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of States 16343 MALIBU DR, WESTON, FL33326			- (
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 16343 MALIBU DR, WESTON, FL33326			E 2023 OCT (
		, FL	·		23 PH			
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	FILED 2023 OCT 23 PH 4: 36 ÄLLAHASSEELFLORIDA					
	>	NEW Registered Office Address:			_			
		6170 NW 74TH. AVE	_					
		MIAMI , FL	33166		_			
ch ag wa	ange ent v is/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility confitted from the limited	ed office an ompany, it i nited liabilit liability con	id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.			
Signature of a member or authorized representative of a member					Printed or typed name of signee			
I i pr the to	herel ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I have the change in the registered office address. I have the change in the registered office address. I have the change in the change.	ee to ac perform I for in (ereby c	t in this cap ance of my Chapter 602 onfirm that	acity. I further agree to comply with the			
- 	gnatu	re of Registered Agent						