

L23000441184

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TALLAHASSEE, FLORIDA

2023 OCT 23 PM 4: 36

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**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: DMS TRADING, LLC

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

3. 09/22/2023 Date of filing/registration in Florida 4. L230004411S4 Document number

5. (a) ROBERTO SAEKI  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
16343 MALIBU DR, WESTON, FL33326  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
16343 MALIBU DR, WESTON, FL33326  
 \_\_\_\_\_, FL \_\_\_\_\_

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(b) \_\_\_\_\_  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
6170 NW 74TH. AVE  
 \_\_\_\_\_  
MIAMI, FL 33166

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.

*Silvia Kawamura* Signature of a member or authorized representative of a member SILVIA KAWAMURA 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.*

*[Signature]* Signature of Registered Agent